
TITLE 836 INDIANA EMERGENCY MEDICAL SERVICES COMMISSION

Proposed Rule
LSA Document #06-11**DIGEST**

Amends [836 IAC 1-1-5](#), [836 IAC 1-1-6](#), [836 IAC 1-1-8](#), [836 IAC 1-2-1](#), [836 IAC 1-2-2](#), [836 IAC 1-2-3](#), [836 IAC 1-3-2](#), [836 IAC 1-3-3](#), [836 IAC 1-3-4](#), [836 IAC 1-3-5](#), [836 IAC 1-3-6](#), [836 IAC 1-4-1](#), [836 IAC 1-4-2](#), [836 IAC 1-11-2](#), [836 IAC 1-11-3](#), [836 IAC 1-12-1](#), [836 IAC 1-12-3](#), [836 IAC 1-12-4](#), [836 IAC 2-2-1](#), [836 IAC 2-2-2](#), [836 IAC 2-2-3](#), [836 IAC 2-4.1-1](#), [836 IAC 2-7.2-1](#), [836 IAC 2-7.2-2](#), [836 IAC 2-7.2-3](#), [836 IAC 2-7.2-4](#), [836 IAC 2-14-2](#), [836 IAC 2-14-5](#), [836 IAC 3-2-2](#), [836 IAC 3-3-2](#), [836 IAC 4-2-1](#), [836 IAC 4-2-2](#), [836 IAC 4-2-3](#), [836 IAC 4-3-2](#), [836 IAC 4-3-3](#), [836 IAC 4-5-1](#), [836 IAC 4-5-2](#), [836 IAC 4-7-4](#), [836 IAC 4-7.1-1](#), [836 IAC 4-7.1-2.5](#), [836 IAC 4-7.1-3](#), [836 IAC 4-7.1-5](#), [836 IAC 4-7.1-6](#), [836 IAC 4-9-1](#), [836 IAC 4-9-3](#), [836 IAC 4-9-4](#), [836 IAC 4-9-5](#), and [836 IAC 4-9-6](#) to make substantive and technical revisions, provide clarification, and make corrections to the requirements and provisions applicable to emergency medical service personnel, transport and nontransport providers, supervising hospitals, air ambulances (both rotorcraft and fixed wing), and other emergency medical service vehicles (both transport and nontransport). Effective 30 days after filing with the Publisher.

[IC 4-22-2.1-5 Statement Concerning Rules Affecting Small Businesses](#)

[836 IAC 1-1-5](#); [836 IAC 1-1-6](#); [836 IAC 1-1-8](#); [836 IAC 1-2-1](#); [836 IAC 1-2-2](#); [836 IAC 1-2-3](#); [836 IAC 1-3-2](#); [836 IAC 1-3-3](#); [836 IAC 1-3-4](#); [836 IAC 1-3-5](#); [836 IAC 1-3-6](#); [836 IAC 1-4-1](#); [836 IAC 1-4-2](#); [836 IAC 1-11-2](#); [836 IAC 1-11-3](#); [836 IAC 1-12-1](#); [836 IAC 1-12-3](#); [836 IAC 1-12-4](#); [836 IAC 2-2-1](#); [836 IAC 2-2-2](#); [836 IAC 2-2-3](#); [836 IAC 2-4.1-1](#); [836 IAC 2-7.2-1](#); [836 IAC 2-7.2-2](#); [836 IAC 2-7.2-3](#); [836 IAC 2-7.2-4](#); [836 IAC 2-14-2](#); [836 IAC 2-14-5](#); [836 IAC 3-2-2](#); [836 IAC 3-3-2](#); [836 IAC 4-2-1](#); [836 IAC 4-2-2](#); [836 IAC 4-2-3](#); [836 IAC 4-3-2](#); [836 IAC 4-3-3](#); [836 IAC 4-5-1](#); [836 IAC 4-5-2](#); [836 IAC 4-7-4](#); [836 IAC 4-7.1-1](#); [836 IAC 4-7.1-2.5](#); [836 IAC 4-7.1-3](#); [836 IAC 4-7.1-5](#); [836 IAC 4-7.1-6](#); [836 IAC 4-9-1](#); [836 IAC 4-9-3](#); [836 IAC 4-9-4](#); [836 IAC 4-9-5](#); [836 IAC 4-9-6](#)

SECTION 1. [836 IAC 1-1-5](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 1-1-5](#) Reports and records

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 4-21.5](#); [IC 16-31-3](#); [IC 22-12-1-12](#)

Sec. 5. (a) All emergency medical service provider organizations shall comply with this section.

(b) All emergency medical service provider organizations shall participate in the emergency medical service system review by collecting and reporting data elements. The elements shall be submitted to the agency by the fifteenth of the following month by electronic format or submitted on disk in the format and manner specified by the commission. The data elements prescribed by the commission are as follows:

- (1) Provider organization number.
- (2) Date of incident.
- (3) Time call received.
- (4) Incident number.
- (5) Service type.
- (6) Time of dispatch.
- (7) Location type.
- (8) Patient name.
- (9) Response number.
- (10) Patient ~~ear~~ care record number.
- (11) Patient zip code.
- (12) Gender.
- (13) Race.
- (14) Time unit responding.
- (15) Time of arrival at scene.
- (16) Time unit left scene.
- (17) Time available for service.
- (18) Lights and siren to scene.

- (19) Lights and siren used from scene.
- (20) Level of care provided.
- (21) Provider impression.
- (22) Mode of injury.
- (23) Incident/patient disposition.
- (24) Vehicle type.
- (25) Destination/transferred to.
- (26) Destination determination.
- (27) Time of arrival at destination.
- (28) Incident location.
- (29) Date of birth.
- (30) Medical history.
- (31) Signs and symptoms.
- (32) Injury description.
- (33) Safety equipment.
- (34) Suspected drug/alcohol use.
- (35) Pulse rate.
- (36) Respiratory rate.
- (37) Respiratory effort.
- (38) Systolic blood pressure.
- (39) Skin perfusion.
- (40) Glasgow eye opening.
- (41) Glasgow verbal component.
- (42) Glasgow motor component.
- (43) Airway treatment.
- (44) Stabilization treatment.
- (45) Miscellaneous treatment.
- (46) Medication name.
- (47) Research code.
- (48) Crew member one number.
- (49) Crew member two number.

Basic life support nontransport provider organizations **that are fire departments as defined in IC 22-12-1-12** are **not** required to submit data elements ~~only for runs on which a defibrillator is used. If the defibrillator is not used on any runs during a month, then the basic life support nontransport provider organization shall report "no runs" on its monthly report for that month.~~ **under this rule.**

(c) Each emergency medical services provider organization shall retain all records required by this ~~rule~~ **title** for a minimum of three (3) years, except for the following records that shall be retained for a minimum of seven (7) years:

- (1) Audit and review records.
- (2) Run reports.
- (3) Training records.

(4) Maintenance records.

(d) An emergency medical service provider organization that has any certified vehicles involved in any traffic accident investigated by a law enforcement agency shall report that accident to the agency within ten (10) working days on a form provided by the agency.

(e) Each provider organization, except basic life support nontransport provider organization, shall maintain accurate records concerning the assessment, treatment, or transportation of each emergency patient, including a run report form in an electronic or written format as prescribed by the commission as follows:

- (1) A run report form shall include, at a minimum, the following:
 - (A) Name.
 - (B) Identification number.
 - (C) Age.
 - (D) Sex.
 - (E) Date of birth.
 - (F) Race.
 - (G) Address, including zip code.
 - (H) Location of incident.

- (I) Chief complaint.
- (J) History, including the following:
 - (i) Current medical condition and medications.
 - (ii) Past pertinent medical conditions and allergies.
- (K) Physical examination section.
- (L) Treatment given section.
- (M) Vital signs, including the following:
 - (i) Blood pressure.
 - (ii) Pulse.
 - (iii) Respirations.
 - (iv) Level of consciousness.
 - (v) Skin temperature and color.
 - (vi) Pupillary reactions.
 - (vii) Ability to move.
 - (viii) Presence or absence of breath sounds.
 - (ix) The time of observation and a notation of the quality for each vital sign.
- (N) Responsible guardian.
- (O) Hospital destination.
- (P) Radio contact via UHF or VHF.
- (Q) Name of patient attendants, including emergency medical service certification numbers and signatures.
- (R) Vehicle certification number.
- (S) Safety equipment used by patient.
- (T) Date of service.
- (U) Service delivery times, including the following:
 - (i) Time of receipt of call.
 - (ii) Time dispatched.
 - (iii) Time arrived **on** scene.
 - (iv) Time of departure from scene.
 - (v) Time arrived **at** hospital.
 - (vi) Time departed **from** hospital.
 - (vii) Time vehicle available for next response.
 - (viii) Time vehicle returned to station.
- (2) The run report form shall be designed in a manner to provide space for narrative notation of additional medical information.
- (3) A copy of the completed run report form shall be provided to the receiving facility when the patient is delivered unless it is not feasible; however, the form shall be provided to the receiving facility ~~no~~ **not** later than twenty-four (24) hours after the patient is delivered.
- (4) When a patient has signed a statement for refusal of treatment or transportation services, or both, that signed statement shall be maintained as part of the run documentation.

(f) Each basic life support nontransport provider organization shall maintain, in a manner prescribed by the commission, accurate records, including a run report form, concerning the assessment and treatment of each emergency patient as follows:

- (1) A run report form shall be required by all basic life support nontransport provider organizations, including, at a minimum, the following:
 - (A) Name.
 - (B) Identification number.
 - (C) Age.
 - ~~(E)~~ **(D)** Sex.
 - ~~(F)~~ **(E)** Race.
 - ~~(G)~~ **(F)** Physician of the patient.
 - ~~(H)~~ **(G)** Date of birth.
 - ~~(I)~~ **(H)** Address, including zip code.
 - ~~(J)~~ **(I)** Location of incident.
 - ~~(K)~~ **(J)** Chief complaint.
 - ~~(L)~~ **(K)** History, including the following:
 - (i) Current medical condition and medications.
 - (ii) Past pertinent medical conditions and allergies.
 - ~~(M)~~ **(L)** Physical examination section.
 - ~~(N)~~ **(M)** Treatment given section.

~~(O)~~ **(N)** Vital signs, including the following:

- (i) Pulse.
- (ii) Blood pressure.
- (iii) Respirations.
- (iv) Level of consciousness.
- (v) Skin temperature and color.
- (vi) Pupillary reactions.
- (vii) Ability to move.
- (viii) Presence or absence of breath sounds.
- (ix) The time of observation and a notation of the quality for each vital sign.

~~(P)~~ **(O)** Responsible guardian.

~~(Q)~~ **(P)** Name of patient attendants, including emergency medical services certification numbers and signatures.

~~(R)~~ **(Q)** Vehicle emergency medical services certification number.

~~(S)~~ **(R)** Responding service delivery times, including the following:

- (i) Time of receipt of call.
- (ii) Time dispatched.
- (iii) Time arrived **on** scene.
- (iv) Time of patient released to transporting emergency medical services.
- (v) Time vehicle available for next response.

~~(T)~~ **(S)** Date of service.

~~(U)~~ **(T)** Safety equipment used by patient.

(2) The report form shall provide space for narrative description of the situation and the care rendered by the nontransport unit.

(3) A signed statement for refusal of treatment or transportation services, or both, shall be maintained as part of the run documentation.

(Indiana Emergency Medical Services Commission; [836 IAC 1-1-5](#); filed Jun 11, 2004, 1:30 p.m.: 27 IR 3512)

SECTION 2. [836 IAC 1-1-6](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 1-1-6](#) Audit and review

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 4-21.5](#); [IC 16-31-3](#)

Sec. 6. Each emergency medical service provider organization shall conduct audit and review at least quarterly to assess, monitor, and evaluate the quality of patient care as follows:

- (1) The audit shall evaluate patient care and personnel performance.
- (2) The results of the audit shall be reviewed with the emergency medical service personnel.
- (3) Documentation for the audit and review shall include the following:
 - (A) The criteria used to select audited runs.
 - (B) Problem identification and resolution.
 - (C) Date of review.
 - (D) Attendance at the review.
 - (E) A summary of the discussion at the review.
- (4) The audit and review shall be conducted under the direction of one (1) of the following:
 - (A) The emergency medical services provider organization medical director.
 - (B) An emergency department committee that is supervised by a medical director. An emergency medical service provider organization representative shall serve as a member on the committee.
 - (C) A committee established by the emergency medical service provider organization **and under the direction of the medical director or medical director designee. The medical director designee must:**
 - (i) be a physician with an unlimited license to practice medicine in Indiana;**
 - (ii) have an active role in the delivery of emergency care; and**
 - (iii) have been designated in writing by the medical director as the medical director designee.**
- (5) A method of identifying needs to staff development programs, basic training, in-service, and orientation.
- (6) The audit shall include all levels of care by emergency medical service personnel.**

(Indiana Emergency Medical Services Commission; [836 IAC 1-1-6](#); filed Jun 11, 2004, 1:30 p.m.: 27 IR 3514)

SECTION 3. [836 IAC 1-1-8](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 1-1-8](#) Operating procedures

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 4-21.5](#); [IC 16-31-3](#)

Sec. 8. (a) All emergency medical service provider organizations shall comply with this section.

(b) Emergency medical service provider organization's premises shall be maintained, suitable to the conduct of the provider organizations service, with provision for adequate storage of emergency medical service vehicles and equipment.

(c) Each emergency medical service provider organization shall provide a **written** periodic maintenance program to assure that:

- (1) all emergency medical service vehicles, including equipment, are maintained in good working condition at all times; and ~~that~~
- (2) equipment, medication, and supplies have not exceeded the manufacturer's specified expiration date.

(d) All emergency medical service provider organization's:

- (1) premises;
- (2) records;
- (3) garaging facilities; and
- (4) emergency medical service vehicles;

shall be made available for inspection by the agency at any time during operating hours.

(e) An emergency medical service provider ~~organizations~~ **organization** shall not act in a reckless or negligent manner so as to endanger the health or safety of emergency patients or members of the general public while in the course of business as an emergency medical service provider ~~organizations~~. **organization**.

(f) Each emergency medical service provider organizations shall notify the agency within thirty (30) days of the present and past specific location of any emergency medical service vehicles if the location of the emergency medical service vehicles is changed from that specified in the provider organization's application for emergency medical service provider organizations certification or certification renewal.

(g) An emergency medical service provider organization shall not engage in the provision of advanced life support unless the:

- (1) emergency medical service provider organization is certified under [836 IAC 2](#); and ~~the~~
- (2) vehicle meets the requirements of [836 IAC 2](#).

(h) Each emergency medical services provider organization shall conduct audit and review under section 6 of this rule.

(i) An emergency medical service provider organization may operate a nontransport emergency medical services vehicle in accordance with [836 IAC 1-11-4](#).

(j) The following reporting requirements are applicable to all emergency medical service provider organizations:

- (1) For an individual certified by the commission and employed (either paid or volunteer) by an emergency medical service provider organization, the provider organization shall notify the agency within thirty (30) days of any of the following:
 - (A) An action taken by the provider organization or the provider organization's medical director to:
 - (i) restrict, suspend, or revoke the individual's authorization to perform emergency medical services for the provider organization; or
 - (ii) suspend or terminate the individual's employment or affiliation with the provider organization.

- (B) The individual is no longer:
 - (i) employed; ~~with the provider organization either voluntarily or involuntarily.~~
 - (C) ~~The individual is no longer~~ (ii) affiliated;
with the provider organization either voluntarily or involuntarily.
- (2) The notification required under this subsection shall include the following:
 - (A) Name of individual.
 - (B) Certification number.
 - (C) Date action was taken.
 - (D) Description of the action taken, including:
 - (i) the length of the action if the action was temporary; and
 - (ii) any conditions and terms associated with the action.
 - (E) Reason action was taken.

(k) Each emergency medical service provider organization shall ensure that rigid sanitation procedures are in effect at all times. The following sanitation standards apply to all emergency medical services vehicles:

- (1) The interior of ambulances and the equipment within the vehicle shall be clean and maintained in good working order at all times. Smoking shall be prohibited anywhere in the interior of the vehicle.**
- (2) Freshly laundered linen or disposable linens shall be used on litters and pillows, and linen shall be changed after each patient is transported.**
- (3) Clean linen storage shall be provided.**
- (4) Closed compartments shall be provided within the vehicle for medical supplies.**
- (5) Closed containers shall be provided for soiled supplies.**
- (6) Blankets shall be kept clean and stored in closed compartments.**
- (7) Implements inserted into the patient's nose or mouth shall be single-service, wrapped, and properly stored and handled. Multiuse items shall be kept clean and sterile when indicated and properly stored.**
- (8) When a vehicle has been utilized to transport a patient known to have a communicable disease or suffered exposure to hazardous material or biohazard material, the vehicle and equipment shall be cleansed and all contact surfaces washed in accordance with current decontamination and disinfecting standards. All hazardous and biohazard materials shall be disposed of in accordance with current hazardous and biohazard disposition standards.**

(Indiana Emergency Medical Services Commission; [836 IAC 1-1-8](#); filed Jun 11, 2004, 1:30 p.m.: 27 IR 3515)

SECTION 4. [836 IAC 1-2-1](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 1-2-1](#) General certification provisions

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 4-21.5](#); [IC 16-31-3](#); [IC 16-41-10](#)

Sec. 1. (a) A person shall not:

- (1) furnish;
- (2) operate;
- (3) maintain;
- (4) advertise; or
- (5) otherwise engage in providing;

emergency ambulance services unless the person is certified by the commission as an ambulance service provider organization.

- (b) Each ambulance, while transporting a patient, shall be staffed by ~~no~~ **not** fewer than two (2) persons, one
 - (1) of whom shall be:
 - (1) a certified emergency medical technician; and ~~who shall be~~
 - (2) in the patient compartment.

(c) An emergency patient shall only be transported in a certified ambulance.

(d) Each ambulance service provider organization shall notify the agency in writing as follows:

(1) Within thirty (30) days of any changes in ~~and any~~ items in the application required in section 2(a) of this rule.

(2) Immediately of change in medical director, including medical director approval form and protocols.

(e) Each ambulance service provider organization shall have a medical director **or medical director designee as described in 836 IAC 1-1-6(4)(C)**. The duties and responsibilities of the medical director are as follows:

(1) Provide liaison between the:

(A) local medical community; and the

(B) emergency medical service provider organization.

(2) Assure compliance with defibrillation training standards and curriculum established by the commission.

(3) Monitor and evaluate the day-to-day medical operations of the ambulance service provider organization.

(4) Assist in the continuing education programs of the ambulance service provider organization.

(5) Provide technical assistance concerning the delivery of automated defibrillation and other medical issues.

(6) Provide individual consultation to the emergency medical personnel affiliated with the ambulance service provider organization.

(7) Participate in the audit and review of cases treated by the emergency medical personnel of the ambulance service provider organization.

(8) Assure compliance with approved medical standards established by the commission performed by the ambulance service provider organization.

(9) Establish protocols for:

(A) automatic defibrillation;

(B) airway management;

(C) patient-assisted medications; and

(D) emergency medical technician-administered medications;

as approved by the commission.

(10) Provide liaison between the:

(A) emergency medical service provider organization; the

(B) emergency medical service personnel; and the

(C) hospital;

in regards to communicable disease testing under [IC 16-41-10](#).

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule I, A; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 84; filed Dec 15, 1977: Rules and Regs. 1978, p. 244; filed Dec 15, 1977: Rules and Regs. 1978, p. 245; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2192; errata, 4 IR 531; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2419; filed Dec 2, 1983, 2:43 p.m.: 7 IR 352; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1036; filed Aug 18, 1986, 1:00 p.m.: 10 IR 24; filed May 15, 1998, 10:25 a.m.: 21 IR 3866; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2719; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2506; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2337; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3516)

SECTION 5. [836 IAC 1-2-2](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 1-2-2](#) Application for certification; renewal

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3-8](#)

Sec. 2. (a) Application for ambulance service provider organization certification shall be made on forms as provided by the agency, and the applicant shall comply with the following requirements:

(1) Applicants shall complete the required forms and submit the forms to the agency not less than sixty (60) days prior to the requested effective date of the certificate.

(2) Each ambulance and its equipment shall be made available for inspection by the agency.

(3) The premises on which:

(A) ambulances are parked or garaged; and ~~on which~~

(B) ambulance supplies are stored;

shall be open during business hours to the agency for inspection.

~~(4) A complete listing of affiliated personnel to be utilized as emergency medical technicians-basic advanced, emergency medical technicians, first responders, and drivers shall be submitted to the agency. The agency shall be notified in writing within thirty (30) days of any change in personnel.~~

~~(5)~~ **(4)** Each application shall include the following information:

- (A) A description of the service area.
- (B) Hours of operation.
- (C) Number and location of ambulances.
- (D) Organizational structure, including name, address, and phone number for the:
 - (i) owner;
 - (ii) chief executive officer;
 - (iii) chief operations officer;
 - (iv) training officer; and
 - (v) medical director.
- (E) Current Federal Communications Commission license or letter of authorization.
- (F) Location of ambulance service provider organization's records.
- (G) Proof of insurance coverage for ambulances and nontransport vehicles as required by [836 IAC 1-3-6](#).
- (H) Staffing pattern of personnel.
- (I) Base of operations.
- (J) ~~List~~ **Roster** of all affiliated personnel, **signed by the medical director and chief executive officer**, including certification numbers.
- (K) Copy of ~~medical director establish~~ protocols and standing orders **established and signed by the medical director**.
- (L) Other information as required by the commission.

(b) Upon approval, a certificate shall be issued by the commission.

(c) The certificate: shall

(1) expires on the expiration date established when it is issued, which must be ~~(1) valid for a period of at least two (2) years after the date of its issuance;~~ and

(2) shall be prominently displayed at the place of business.

(d) Application for ambulance service provider organization certification renewal shall be made not less than sixty (60) days prior to the expiration date of the current certificate to assure continuity of certification. Application for renewal shall be made on forms as provided by the agency.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule I,B; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 86; filed May 10, 1977, 10:52 a.m.: Rules and Regs. 1978, p. 218; filed Dec 15, 1977: Rules and Regs. 1978, p. 245; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2193; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2420; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1037; filed Aug 18, 1986, 1:00 p.m.: 10 IR 25; filed May 15, 1998, 10:25 a.m.: 21 IR 3867; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2720; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2338; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3517)

SECTION 6. [836 IAC 1-2-3](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 1-2-3](#) Ambulance service provider organization operating procedures

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3-2](#); [IC 34-6-2-49](#)

Sec. 3. (a) Each ambulance service provider organization shall maintain accurate records under [836 IAC 1-1-5](#).

(b) An ambulance service provider organization shall not operate a land ambulance on any public way in Indiana unless the ambulance is in full compliance with the ambulance certification requirements established and set forth in this article, except an ambulance service provider organization may operate, for a period not to exceed sixty (60) consecutive days, a noncertified ambulance if the noncertified ambulance is used to replace a certified ambulance that has been taken out of service providing the following:

- (1) The replacement ambulance shall meet all certification requirements.
- (2) The ambulance service provider organization shall notify the agency in writing within seventy-two (72) hours of the time the replacement ambulance is placed in service. The written notice shall identify the following:

- (A) The replacement date.
- (B) The certification number of the replaced ambulance.
- (C) The:
 - ~~(i) vehicle identification number; of the replacement ambulance. and~~
 - ~~(D) The~~ (ii) make and type;
- of the replacement ambulance.

Upon receipt of the notification, a temporary certificate shall be issued effective the date the certified ambulance was replaced. Temporary certification shall not exceed sixty (60) days from the date that the replacement ambulance is placed in service, and, upon return to service of the certified ambulance, the use of the replacement vehicle shall cease.

(c) Each ambulance service provider organization shall **do the following:**

(1) Provide and maintain a communication system that meets or exceeds the requirements set forth in [836 IAC 1-4](#).

~~(d) Each ambulance service provider organization shall,~~ **(2)** Within seven (7) calendar days of the date a certified ambulance is permanently withdrawn from service, return to the agency the certificate and window sticker issued for the ambulance.

~~(e)~~ **(d)** No ambulance service provider organization may operate any noncertified vehicle that displays to the public any word, phrase, or marking that implies in any manner that the vehicle is an ambulance.

~~(f)~~ **(e)** Each ambulance service provider organization shall ensure that **do the following:**

(1) Follow rigid sanitation procedures are in effect at all times. The following sanitation standards apply to all ambulances and nontransport vehicles: **listed in [836 IAC 1-1-8](#).**

~~(1) The interior and the equipment within the vehicle shall be clean and maintained in good working order at all times.~~

~~(2) Freshly laundered linen or disposable linens shall be used on litters and pillows, and linen shall be changed after each patient is transported.~~

~~(3) Clean linen storage shall be provided.~~

~~(4) Closed compartments shall be provided within the vehicle for medical supplies.~~

~~(5) Closed containers shall be provided for soiled supplies.~~

~~(6) Blankets shall be kept clean and stored in closed compartments.~~

~~(7) Implements inserted into the patient's nose or mouth shall be single service, wrapped, and properly stored and handled. Multiuse items shall be kept clean and sterile when indicated and properly stored.~~

~~(8) When a vehicle has been utilized to transport a patient known to have a communicable disease or suffered exposure to hazardous material or biohazard material, the vehicle and equipment shall be cleansed and all contact surfaces washed in accordance with current decontamination and disinfecting standards. All hazardous and biohazard materials shall be disposed of in accordance with current hazardous and biohazard disposition standards.~~

~~(g) Each emergency medical services provider organization shall~~ **(2)** Conduct audit and review under [836 IAC 1-1-6](#).

~~(h)~~ **(f)** An ambulance service provider organization with approval from the provider organization's medical director may transport a patient with the following:

(1) PCA pump with any medication or fluid infusing through a peripheral IV.

(2) Medication infusing through a peripheral IV or continuous subcutaneous catheter via a closed, locked system.

(3) A central catheter that is clamped off.

(4) A patient with a:

(A) feeding tube that is clamped off;

~~(5) A patient with a~~ **(B)** Holter monitor; or

~~(6) A patient with a~~ **(C)** peripheral IV infusing vitamins.

~~(7)~~ **(5)** IV fluids infusing through a peripheral IV via gravity or an infusing system that allows the technician to change the rate of infusion are limited to D5W, Lactated Ringers, sodium chloride (nine-tenths percent (0.9%) or less), potassium chloride (twenty (20) milliequivalent per liter or less for emergency medical technicians, forty (40) milliequivalent per liter or less for emergency medical technicians-basic advanced). At no time will piggy-back or secondary intravenous line or blood products be transported.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule I, C; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 86; filed May 10, 1977, 10:52 a.m.: Rules and Regs. 1978, p. 218; filed Dec

15, 1977: Rules and Regs. 1978, p. 245; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2194; errata, 4 IR 531; filed Dec 2, 1983, 2:43 p.m.: 7 IR 353; errata, 7 IR 1254; errata, 7 IR 1551; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1038; filed Aug 18, 1986, 1:00 p.m.: 10 IR 26; filed Oct 11, 1988, 11:05 a.m.: 12 IR 354; filed May 15, 1998, 10:25 a.m.: 21 IR 3868; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2721; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2339; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3517)

SECTION 7. [836 IAC 1-3-2](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 1-3-2](#) Application for certification

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3-2](#); [IC 16-31-3-8](#)

Sec. 2. (a) Application for emergency medical service vehicle certification shall be made by the emergency medical service provider organization on such forms as provided by the agency and shall comply with the following requirements:

(1) Applicants shall complete the required forms and submit the forms to the agency with the following information:

(A) Name and address of the emergency medical service provider organization.

(B) Vehicle information, including make, model, year, and vehicle identification number.

~~(C) Color scheme of emergency medical service vehicle.~~

(2) Each emergency medical service vehicle for which certification is requested shall be made available for inspection by the agency with its equipment as required by this article or [836 IAC 2](#) prior to approval for certification.

(b) If the emergency medical service vehicle is found to comply with all applicable requirements in this article, a certificate shall be issued to the emergency medical service provider organization for the vehicle. The certificate: ~~shall~~

(1) expires on the expiration date established when it is issued, which must be valid for at least two (2) years after the date of its issuance unless earlier revoked or suspended; ~~The certificate and~~

(2) shall be prominently displayed within the patient compartment of the ambulance or driver compartment of the emergency medical service nontransport vehicle.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule II, B; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 88; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2196; filed Dec 2, 1983, 2:43 p.m.: 7 IR 354; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1042; filed May 15, 1998, 10:25 a.m.: 21 IR 3872; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2725; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3520)

SECTION 8. [836 IAC 1-3-3](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 1-3-3](#) Land ambulance specifications

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3](#)

Sec. 3. (a) All land ambulances shall meet or exceed the following minimum performance characteristics:

(1) Vehicle brakes shall be of the heavy-duty power assist type.

(2) Parking brake shall hold vehicle when engaged.

~~(2)~~ **(3)** The vehicle engine shall be a six (6) or eight (8) cylinder internal combustion, liquid cooled engine that meets ambulance chassis manufacturer's standard horsepower/displacement requirements.

~~(3)~~ **(4)** The fully loaded vehicle shall be capable of a sustained speed of at least sixty-five (65) miles per hour over dry, level, or hard-surfaced roads.

~~(4)~~ **(5)** The vehicle transmission shall have a minimum of three (3) forward gears and one (1) reverse gear. Automatic transmission is required.

~~(5)~~ **(6)** The steering system shall be:

(A) the manufacturer's recommended design; and ~~be~~

(B) power assisted.

~~(6)~~ (7) Shock absorbers shall be of the heavy-duty, double action type.

~~(7)~~ (8) Tires shall meet the manufacturer's standards for the gross vehicle weight of the vehicle. Retread tires shall not be used on ambulances. No tire shall:

(A) display exposed tire cord; or

(B) have tread depth less than two thirty-seconds (2/32) on back tires and four thirty-seconds (4/32) on front tires spaced equally around the tire, with no visible defects.

(b) All land ambulances shall meet or exceed the following minimum physical characteristics:

(1) The overall width of the vehicle shall be a minimum of seventy-five (75) inches and shall not exceed ninety-six (96) inches, excluding mirrors, lights, and trim.

(2) The overall vehicle exterior height shall be a maximum of one hundred ten (110) inches, measured at curb height from the ground to a point that is level with the top of the vehicle, including emergency warning devices, but excluding two-way radio antenna.

(3) The vehicle shall have a wheelbase of one hundred twenty-three (123) inches, minimum. See subsection (e)(1) for minimum inside length of patient compartment.

(c) All land ambulances shall meet or exceed the following minimum specifications for electrical systems:

(1) Wiring shall be made up into harnesses, properly sized, and coded. These shall be reasonably accessible for checking and maintenance. In any area where wiring would be exposed to the elements, it shall be protected by a weatherproof harness or loom. This loom shall be installed so as to eliminate the possible entrance of water that could cause damage through freeze-bursting. Wiring, in loom or otherwise, shall not be accepted if in the area of wheel wash abrasion. Wiring shall be protected by a rubber grommet or plastic bezel at any point where it may pass through, or over, the edge of any metal panel unless the hole or edge of the metal is hemmed or flanged. Wiring connectors and terminals shall be the manufacturer's recommended standard. Horizontal wiring shall be supported by insulated clips located and spaced to minimize sag. Complete wiring diagrams for standard and for optional equipment shall be supplied for each vehicle. Ambulance body and accessory electrical equipment shall be served by circuits separate and distinct from vehicle chassis circuits.

(2) The electrical generating system shall consist of a one hundred five (105) ampere alternator minimum.

(3) Two (2) batteries shall be provided, each with a seventy (70) amp hour rating.

(4) Lighting shall be designed and located so that no glare is reflected from surrounding areas to the driver's eyes or line of vision, from instrument panel, switch panel, or other areas that may require illumination while the vehicle is in motion.

(5) Illumination shall:

(A) be adequate throughout the compartment; and

(B) provide an intensity of light at the level of the patient for:

(i) adequate observation of vital signs, such as skin color and pupillary reflex; and for

(ii) care in transit; and such illumination shall

(C) be automatically activated when opening the patient compartment doors in addition to being controlled by a switch panel in the patient compartment located at the head of the patient.

Reduced light level may be provided by rheostat control of the compartment lighting or by a second system of low intensity lights.

(6) The ignition system shall be suppressed to prevent interference with radio transmission and receiving.

(7) The vehicle shall have floodlights that illuminate a half-circle as wide as the vehicle to a point six (6) feet behind the vehicle on its center line. The floodlight shall be body-mounted and activated when rear doors are opened.

(8) All circuits shall be protected by automatic circuit breakers of proper capacity.

(9) Each ambulance for which certification is requested shall have an audible backup warning device that is activated when the ambulance is shifted into reverse.

(d) All land ambulances shall meet the following requirements for external identification:

(1) Warning lights of red or red and white, at the discretion of the owner, and shall conform with to Indiana state law. Rear facing amber lights may be used. All lights on the vehicle shall be in working condition.

(2) The word "AMBULANCE" shall be displayed on the exterior of the vehicle, on front, back, or at least one (1) side of the vehicle in letters not less than three (3) inches in height and a color contrasting material.

(3) Each fully certified ambulance shall display the four (4) numbers of the commission-assigned ambulance certification number. The four (4) numbers, in sequence, shall be placed on each side of the ambulance on the right and left front fenders and on the rear portion of the vehicle. Each number shall be in block letters not less than three (3) inches in height. This number shall be displayed in color contrasting, reflective material. The numbers shall be placed on the vehicle within seven (7) days of the receipt of the ambulance certificate. The

numbers shall be removed or permanently covered by the ambulance service provider organization when the ambulance is permanently removed from service by the ambulance service provider organization.

(4) A commission certified vehicle sticker shall be displayed on all certified vehicles.

(e) All land ambulance bodies shall meet or exceed the following minimum specifications:

(1) The length of the patient compartment shall be a minimum of one hundred eleven (111) inches and provide a minimum of twenty-five (25) inches clear space at the head of the litter, and a minimum of ten (10) inches shall be provided from the end of the litter's mattress to the rear loading doors.

(2) An aisle free of obstruction the full length of the stretcher shall be provided.

(3) The inside height of the patient compartment shall be a minimum of sixty (60) inches measured floor to ceiling in the center of the patient compartment.

(4) One (1) seat shall be provided within the patient compartment for the technician, the dimensions of which shall be at the discretion of the owner.

(5) If a bulkhead or partition is provided between the driver and patient compartments, a means of voice or signal communication between the driver compartment and the patient compartment shall be provided.

(f) All land ambulances shall meet or exceed the following minimum standards of construction:

(1) The body structure shall be of prime commercial quality metal or other material with strength at least equivalent to all-steel. Wood shall not be used for structural framing. The exterior of the body shall be finished smooth with symmetrically rounded corners and edges, except for rub rails, and embody provisions for door and windows specified in this subsection. The ambulance body as a unit shall be of sufficient strength to support the entire weight of the fully loaded vehicle on its top or side if overturned, without:

(A) crushing;

(B) separation of joints; or

(C) permanently deforming:

(i) roof bow or reinforcements;

(ii) body posts;

(iii) doors;

(iv) strainers;

(v) stringers;

(vi) floor;

(vii) inner linings;

(viii) outer panels;

(ix) rub rails; and

(x) other reinforcements.

(2) The vehicle shall have a loading door or doors on the right side and at the rear of the vehicle. Rear patient compartment doors shall incorporate a tension, spring, or plunger type holding device to prevent the door from closing unintentionally from wind or vibration.

(3) The floor:

(A) shall be:

(i) at the lowest level permitted by clearances; ~~It shall be and~~

(ii) flat and unencumbered in the access and work area; ~~The floor and~~

(B) may be:

(i) metal properly reinforced to eliminate oil canning and insulated against outside heat and cold; ~~The floor may also be and~~

(ii) marine plywood provided the plywood is sufficient in thickness to rigidly take the loads imposed upon it. A combination of plywood over metal shall be acceptable provided the surfaces between are coated with waterproof adhesive.

There shall be no voids or pockets in the floor to side wall areas where water or moisture can become trapped to cause rusting or unsanitary conditions.

(4) The floor covering shall be:

(A) seamless;

(B) one (1) piece;

(C) skid-resistant; and

(D) extend the full length and width of the compartment.

Linoleum vinyl or urethane quartz poured not less than one-sixteenth (1/16) of an inch in thickness permanently applied is required. Covering joints at the side walls, where side panels and covering meet, shall be sealed.

(g) All windows shall be intact. The vehicle shall have windshield wipers that are in working condition.

(h) Dual, firmly secured, vibrationless, rear-view mirrors, one (1) mounted on the left side of the vehicle and one (1) mounted on the right side, shall be included.

(i) In addition to any other requirements specified in this section, the patient compartment shall meet the following minimum requirements:

- (1) Crash-stable fasteners shall be provided to secure litters to the floor or side walls. Where a single patient may be centered in the area on the wheeled litter, additional attachments shall be provided.
- (2) If the litter is floor supported on its own support wheels, a means shall be provided to secure it in position under all conditions. These restraints shall permit quick attachment and detachment for quick transfer of patient.
- (3) Appropriate passenger restraints shall be installed in all seating facilities for drivers, passengers, and attendant.

(j) All land ambulances shall meet or exceed the following minimum communication standards:

- (1) Two-way radio communication equipment shall conform to the requirements set forth in this article.
- (2) Type and number of sirens shall:
 - (A) be at the discretion of the ambulance service provider organization; and shall
 - (B) conform to Indiana law.

(k) All ambulances shall meet or exceed the following minimum requirements for environmental equipment:

- (1) Separate heating units shall be provided for the driver and patient compartments. The driver compartment shall provide for window defrosting.
- (2) An adequate air-conditioning system shall be provided for cooling both driver and patient compartment.
- (3) An adequate heating system shall be provided for heating both driver and patient compartment. The patient compartment shall be heavily insulated to minimize conduction of heat, cold, or external noise entering the vehicle interior.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule II, C; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 88; filed May 10, 1977, 10:52 a.m.: Rules and Regs. 1978, p. 218; filed May 10, 1977, 10:52 a.m.: Rules and Regs. 1978, p. 219; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2197; errata, 4 IR 531; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2421; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1042; filed Aug 18, 1986, 1:00 p.m.: 10 IR 29; filed May 15, 1998, 10:25 a.m.: 21 IR 3872; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2725; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3521)

SECTION 9. [836 IAC 1-3-4](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 1-3-4](#) Land ambulance rescue equipment

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3](#)

Sec. 4. Land ambulances shall carry the following assembled and readily accessible minimum rescue equipment:

- (1) Equipment for safeguarding personnel includes:
 - (A) one (1) fire extinguisher with an Underwriters Laboratory rating of not less than 4A; 4-B; C; or
 - (B) two (2) fire extinguishers with individual Underwriters Laboratory ratings of not less than 2A:4-B; C; that shall have a current inspection date within the last twelve (12) months and be mounted so that they are readily accessible.
- (2) Equipment for release from entrapment or confinement, including the following:
 - (A) One (1) hammer, four (4) pound ~~fifteen (15) inch handle (hammer weight and length are minimums).~~ **minimum.**
 - (B) One (1) wrecking bar, twenty-four (24) inch combination tool minimum.
 - (C) One (1) self-contained portable light source.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule II, D; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 93; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2200; filed Dec 2, 1983, 2:43 p.m.: 7 IR 355; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1045; filed May 15, 1998, 10:25 a.m.: 21 IR 3875; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2727; readopted filed Nov 30, 2006, 9:17 a.m.: [20061213-IR-836060486RFA](#))

SECTION 10. [836 IAC 1-3-5](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 1-3-5](#) Emergency care equipment

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3](#)

Sec. 5. Each and every land ambulance will have the following minimum emergency care equipment, and this equipment shall be assembled and readily accessible:

(1) Respiratory and resuscitation equipment as follows:

(A) Portable suction apparatus, capable of a minimum vacuum of three hundred (300) millimeters mercury, equipped with **two (2) each** wide-bore tubing and both rigid and soft pharyngeal suction tips **in child and adult sizes**.

(B) Onboard suction, capable of a minimum vacuum of three hundred (300) millimeters mercury, equipped with wide-bore tubing and both rigid and soft pharyngeal suction tips.

(C) Bag-mask ventilation units, hand operated, one (1) unit in each of the following sizes, each equipped with clear face masks and oxygen reservoirs with oxygen tubing:

- (i) Adult.
- (ii) Child.
- (iii) Infant.
- (iv) Neonatal (mask only).

(D) Oropharyngeal airways, two (2) each of adult, child, and infant.

(E) One (1) pocket mask with one-way valve.

(F) Portable oxygen equipment of at least three hundred (300) liters capacity (D size cylinder) with:

- (i)** yoke;
- (ii)** medical regulator;
- (iii)** pressure gauge; and
- (iv)** nondependent flowmeter.

(G) Onboard oxygen equipment of at least three thousand (3,000) liters capacity (M size cylinder) with:

- (i)** yoke;
- (ii)** medical regulator;
- (iii)** pressure gauge; and
- (iv)** nondependent flowmeter.

(H) Oxygen delivery devices shall include the following:

- (i) High concentration devices, two (2) each, adult, child, and infant.
- (ii) Low concentration devices, two (2) each, adult.

(I) Nasopharyngeal airways, two (2) each of the following with water soluble lubricant:

- (i) Small (20-24 french).
- (ii) Medium (26-30 french).
- (iii) Large (31 french or greater).

(J) Bulb syringe individually packaged in addition to obstetrics kit.

(K) Nonvisualized airway minimum of two (2) with water soluble lubricant.

(L) Semiautomatic or automated external defibrillator and a minimum of two (2) sets of pads.

(2) Wound care supplies as follows:

- (A) Multiple trauma dressings, two (2) approximately ten (10) inches by thirty-six (36) inches.
- (B) Fifty (50) sterile gauze pads, three (3) inches by three (3) inches or larger.
- (C) Bandages, four (4) soft roller self-adhering type, two (2) inches by four (4) yards minimum.
- (D) Airtight dressings, four (4), for open chest wounds.
- (E) Adhesive tape, two (2) rolls.
- (F) Burn sheets, two (2), sterile.
- (G) Triangular bandages, four (4).
- (H) Bandage shears, one (1) pair.

(3) Patient stabilization equipment as follows:

- (A) Traction splint, lower extremity, limb-supports, padded ankle hitch, and traction strap, or equivalent, one (1) assembly in adult size.
- (B) Upper and lower extremity splinting devices, two (2) each.
- (C) One (1) splint device intended for the unit-immobilization of head-neck and torso. These items shall include the splint itself and all required accessories to provide secure immobilization.
- (D) One (1) long backboard with accessories to provide secure spinal immobilization.

- (E) Rigid extrication collar, two (2) each capable of the following sizes:
 - (i) Pediatric.
 - (ii) Small.
 - (iii) Medium.
 - (iv) Large.
- (F) One (1) ambulance litter with side rails, head-end elevating capacity, mattress pad, and a minimum of three (3) adjustable restraints to secure the chest, hip, and knee areas.
- (4) Medications if approved by medical director, and solely for use by individuals with a certification as an emergency medical technician or higher, are as follows:
 - (A) Baby aspirin, eighty-one (81) milligrams each.
 - (B) Activated charcoal.
 - (C) Instant glucose.
 - (D) Epinephrine auto-injector or auto-injectors.
- (5) Personal protection/universal precautions equipment, minimum of two (2) each, including the following:
 - (A) Gowns.
 - (B) Face masks and shields.
 - (C) Gloves.
 - (D) Biohazard bags.
 - (E) Antimicrobial hand cleaner.
- (6) Miscellaneous items as follows:
 - (A) Obstetrical kit, sterile, one (1).
 - (B) Clean linens consisting of the following:
 - (i) Pillow.
 - (ii) Pillow case.
 - (iii) Sheets and blankets.
 - (C) Blood pressure manometer, one (1) each in the following cuff sizes:
 - (i) Large adult.
 - (ii) Adult.
 - (iii) Pediatric.
 - (D) Stethoscopes, one (1) each in the following sizes:
 - (i) Adult.
 - (ii) Pediatric.
 - (E) Sharps collector, one (1) being a minimum of seven (7) inches in height.
 - (F) A current copy of the basic life support protocols.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule II, E; filed Jun 5, 1975, 11:57 a.m.: Rules and Regs. 1976, p. 93; filed May 10, 1977, 10:52 a.m.: Rules and Regs. 1978, p. 219; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2200; filed Dec 2, 1983, 2:43 p.m.: 7 IR 355; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1045; filed Aug 18, 1986, 1:00 p.m.: 10 IR 31; filed May 15, 1998, 10:25 a.m.: 21 IR 3875; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2727; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2507; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2342; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3523)

SECTION 11. [836 IAC 1-3-6](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 1-3-6](#) Insurance

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3](#); [IC 16-31-3-17](#); [IC 34-13-3](#)

Sec. 6. (a) This section is applicable to the following emergency medical service vehicles:

- (1) Ambulance.
- (2) Emergency medical technician-basic advanced nontransport vehicles.
- (3) Advanced life support nontransport vehicles.

(b) All emergency medical service vehicles to which this section is applicable must be:

- (1) insured in accordance with the requirements contained in this section; or
- (2) owned by a governmental entity covered under [IC 34-13-3](#).

(c) If insurance is required for an emergency medical services vehicle under subsection (b), a certification for a

vehicle will not be issued until the applicant has submitted a certificate of insurance demonstrating that the applicant has liability insurance:

- (1) in effect with an insurer that is authorized to write insurance in Indiana; and
- (2) that provides ~~general liability coverage to a~~ **combined single** limit of at least
 - ~~(A) one million dollars (\$1,000,000) for the injury or death of any number of persons in any one (1) occurrence. and~~
 - ~~(B) five hundred thousand dollars (\$500,000) for property damage in any one (1) occurrence.~~

~~(d) An insurance policy required under this section may include a deductible clause if the clause provides that any settlement made by the insurance company with an injured person or a personal representative must be paid as though the deductible clause did not apply.~~

~~(e) An insurance policy required under this section must provide, by the policy's original terms or an endorsement, that the insurer cannot cancel the policy without thirty (30) days' written notice to both the agency and the insured. This written notice must include a complete report of the reasons for the cancellation to the agency. This condition must be contained on the certificate of insurance submitted under subsection (C).~~

~~(f) An insurance policy required under this section must provide, by the policy's original terms or an endorsement, that the insurer shall report to the department within twenty four (24) hours after the insurers pay a claim or reserves any amount to pay an anticipated claim that reduces the liability coverage below the amounts established in this section.~~

~~(g)~~ **(d)** If an insurance policy required under this section:

- (1) is canceled during the policy's term;
- (2) lapses for any reason; or
- (3) has the policy's coverage fall below the required amount;

the person to whom the certification for the emergency medical services vehicle was issued shall immediately notify the agency and must also immediately replace the policy with another policy that complies with this section so that the vehicle is never operated without the insurance required under this section.

~~(h)~~ **(e)** If the insurance policy for an emergency medical services vehicle that is required to be insured under this section is canceled, lapses for any reason, or has the policy coverage fall below the required amount, the **use of the emergency medical services vehicle:**

- (1) ~~use of the emergency medical services vehicle~~ must immediately cease; and
- (2) ~~use of the vehicle~~ shall not resume until approval to resume its use has been obtained in writing from the agency.

(Indiana Emergency Medical Services Commission; [836 IAC 1-3-6](#); filed Feb 20, 2003, 8:00 a.m.: 26 IR 2343; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3524)

SECTION 12. [836 IAC 1-4-1](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 1-4-1](#) Provider dispatch requirements

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3-2](#)

Sec. 1. All emergency medical service provider organizations dispatch centers shall be: ~~equipped with base stations~~

- (1)** capable of two-way communications with associated mobile radios on an appropriate frequency modulated ~~(FM) wavelength. This channel shall be~~ **provider vehicles;**
- (2)** used exclusively for dispatch and tactical communications; and ~~shall be~~
- (3)** apart from any involved in the Indiana Hospital Emergency Radio Network.

~~The base station shall demonstrate and maintain a voice communications linkage during transmission with the radios used in the emergency medical service provider organization's emergency medical services vehicle within the area the emergency medical service provider organization serves or proposes to serve. The maximum power of the transmitter shall be no more than the minimum required for technical operation, commensurate with the~~

size of the area to be served and local conditions that affect radio transmission and reception.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule III, A; filed Jun 5, 1975, 11:57 a.m.; Rules and Regs. 1976, p. 94; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2201; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2424; filed Dec 2, 1983, 2:43 p.m.: 7 IR 356; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1046; filed May 15, 1998, 10:25 a.m.: 21 IR 3877; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3525)

SECTION 13. [836 IAC 1-4-2](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 1-4-2](#) Emergency medical services vehicle radio equipment

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3-2](#)

Sec. 2. (a) ~~All radios used in emergency medical services vehicles for the purpose of dispatch or tactical communications shall demonstrate and maintain the ability to provide a voice communications linkage, during transmission, with the~~ **communication used in emergency medical service provider organization associated base station or stations within the area** ~~vehicles for the purpose of dispatch or tactical communications shall demonstrate and maintain the ability to provide a voice communications linkage with the emergency medical service provider organization's dispatch center within the area that the emergency medical service provider organization normally serves or proposes to serve.~~

(b) ~~Radio~~ **Communication** equipment used in emergency medical services vehicles shall be appropriately licensed through the Federal Communications Commission, **when applicable**. The maximum power of the transmitter shall be ~~no~~ **not** more than the minimum required for technical operation, commensurate with the:

- (1) size of the area to be served; and
- (2) local conditions ~~which~~ **that** affect radio transmission and reception.

(c) All emergency medical services vehicles shall be equipped with ~~two-way radios that shall be licensed for operation on a minimum of two (2) channels or talk-groups as follows:~~

- (1) One (1) channel or talk-group shall be used primarily for dispatch and tactical communications.
- (2) One (1) channel or talk-group shall be 155.340 MHz and have the proper tone equipment to operate on the Indiana Hospital Emergency Radio Network (IHERN) unless the provider organization vehicles and all the destination hospitals within the operational area of the provider organization have a system that is interoperable with the Indiana statewide wireless public safety voice and data communications system.

(Indiana Emergency Medical Services Commission; Emergency Medical Services Rule III, B; filed Jun 5, 1975, 11:57 a.m.; Rules and Regs. 1976, p. 94; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2201; filed Dec 2, 1983, 2:43 p.m.: 7 IR 356; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1046; filed May 15, 1998, 10:25 a.m.: 21 IR 3877; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3525)

SECTION 14. [836 IAC 1-11-2](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 1-11-2](#) Application for certification; renewal

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3-2](#); [IC 16-31-3-8](#)

Sec. 2. (a) Application for basic life support nontransport provider organization certification shall be made on forms as provided by the agency, and the applicant shall comply with the following requirements:

- (1) Applicants shall complete the required forms and submit the forms to the agency not less than sixty (60) days prior to the requested effective date of the certificate.
- (2) Each vehicle with emergency medical services equipment required by section 4 of this rule shall be made available for inspection by the agency.
- (3) The premises on which emergency medical service nontransport vehicles are stored shall be open during operating hours to the agency for inspection.
- (4) ~~A complete listing of affiliated personnel to be utilized as emergency medical technicians, first responders, and emergency medical services vehicle drivers shall be submitted to the agency. The agency shall be notified~~

~~in writing within thirty (30) days of any change in personnel.~~

~~(5)~~ **(4)** Each application shall include the following information:

(A) A description of the service area.

(B) Hours of operation.

(C) Number and location of emergency medical services vehicles.

(D) Organizational structure, including names, addresses, and telephone numbers of the:

(i) owner;

(ii) chief executive officer;

(iii) chief operations officer;

(iv) training officer; and

(v) medical director.

(E) Current Federal Communications Commission license or letter of authorization.

(F) Location of emergency medical services nontransport provider organization's records.

(G) Proof of insurance coverage for vehicles if required by [836 IAC 1-3-6](#).

(H) Medical director approval form provided by the agency.

(I) Personnel roster form provided by the agency.

(J) A copy of the agreement with an ambulance service provider organization as required by subsection ~~(d)~~-

(e).

(K) Other information as required by the commission.

(b) Upon approval, a certificate shall be issued by the commission.

(c) The certificate: ~~shall~~

(1) ~~expires on the expiration date established when it is issued, which must be valid for a period of at least two (2) years after the date of its issuance unless earlier revoked or suspended by the commission;~~
and

(2) shall be prominently displayed at the place of business.

~~(e)~~ **(d)** Application for emergency medical services nontransport provider organization certification renewal shall be made not less than sixty (60) days prior to the expiration date of the current certificate to assure continuity of certification. Application for renewal shall:

(1) be made on forms as provided by the agency; and ~~shall~~

(2) indicate compliance with the requirements set forth for original certification.

~~(d)~~ **(e)** Basic life support nontransport provider organizations shall have and maintain in place an agreement between the nontransport provider organization and an ambulance service provider organization certified under [IC 16-31](#). The agreement shall:

(1) ensure that the nontransporting provider organization can be assured that patients treated shall be transported in a timely and safe manner; ~~The agreement shall and~~

(2) not preclude another ambulance service provider organization, if available, from transporting the patients.

~~(e)~~ **(f)** Each basic life support nontransport provider organization shall notify the agency within thirty (30) days of any change in the operation as outlined in the application.

(Indiana Emergency Medical Services Commission; [836 IAC 1-11-2](#); filed May 15, 1998, 10:25 a.m.: 21 IR 3887; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2509; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2344; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3526)

SECTION 15. [836 IAC 1-11-3](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 1-11-3](#) Emergency medical services nontransport provider organization operating procedures

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-41-10](#)

Sec. 3. ~~(a)~~ The Each basic life support nontransport provider organization shall **do the following:**

(1) Provide and maintain a communication system that meets or exceeds the requirements set forth in [836 IAC 1-4](#). The basic life support nontransporting vehicles are not required to be equipped with the Indiana

Hospital Emergency Radio Network frequency (155.340 MHZ) as specified in [836 IAC 1-4-2\(c\)\(2\)](#).

~~(b) Each basic life support nontransport provider organization shall ensure that (2) Follow the rigid sanitation procedures are in effect at all times. The following sanitation standards apply to all emergency medical services nontransport vehicles: listed in 836 IAC 1-1-8.~~

~~(1) The equipment within the vehicle shall be clean and maintained in good working order at all times.~~

~~(2) Closed compartments shall be provided within the vehicle for medical supplies.~~

~~(3) Closed containers shall be provided for soiled supplies.~~

~~(4) Implements inserted into the patient's nose or mouth shall be single service, wrapped, and properly stored and handled. Multiuse items are to be kept clean and sterile when indicated and properly stored.~~

~~(5) The equipment utilized to treat a patient known to have a communicable disease or suffered exposure to hazardous material or biohazard material shall be cleansed in accordance with current decontamination and disinfecting standards. All hazardous and biohazard materials shall be disposed of in accordance with current hazardous and biohazard disposition standards.~~

~~(c) Each basic life support nontransport provider organization shall (3) Conduct quarterly audit and review under 836 IAC 1-1-6.~~

~~(d) Each basic life support nontransport provider organization shall (4) Secure a medical director. The duties and responsibilities of the medical director are as follows:~~

~~(4) (A) Provide liaison between the local medical community and the emergency medical services provider organization.~~

~~(2) (B) Assure compliance with defibrillation training standards and curriculum established by the commission.~~

~~(3) (C) Monitor and evaluate the day-to-day medical operations of the emergency medical service provider organization.~~

~~(4) (D) Assist in the continuing education programs of the emergency medical service provider organization.~~

~~(5) (E) Provide technical assistance concerning the delivery of automated defibrillation and other medical issues.~~

~~(6) (F) Provide individual consultation to the emergency medical personnel affiliated with the emergency medical services provider organization.~~

~~(7) (G) Participate in the audit and review of cases treated by the emergency medical defibrillation personnel of the emergency medical service provider organization.~~

~~(8) (H) Assure compliance with approved medical standards established by the commission performed by the provider organization.~~

~~(9) (I) Establish protocols for automatic defibrillation, airway management, and medication administration as approved by the commission.~~

~~(40) (J) Provide liaison between the:~~

~~(i) emergency medical service provider organization; the~~

~~(ii) emergency medical service personnel; and the~~

~~(iii) hospital;~~

~~in regards to communicable disease testing under IC 16-41-10.~~

~~(e) All basic life support nontransport provider organizations shall (5) Maintain accurate records under 836 IAC 1-1-5.~~

~~(f) Each basic life support nontransport provider organization shall (6) Employ at least one (1) certified individual trained in the use of the automated defibrillator. Only trained personnel shall use an automated defibrillator.~~

~~(g) Each basic life support nontransport provider organization shall (7) Comply with rule 1 of this chapter [sic].~~

(Indiana Emergency Medical Services Commission; 836 IAC 1-11-3; filed May 15, 1998, 10:25 a.m.: 21 IR 3888; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2729; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2510; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3527)

SECTION 16. [836 IAC 1-12-1](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 1-12-1](#) Emergency medical technician-basic advanced provider organizations; general requirements

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3](#); [IC 16-41-10](#)

Sec. 1. (a) A person shall not:

(1) furnish;

- (2) operate;
- (3) maintain;
- (4) advertise; or
- (5) otherwise engage in providing;

emergency medical services as an emergency medical technician-basic advanced provider organization unless the person is certified by the commission as an emergency medical technician-basic advanced provider organization.

(b) An emergency medical technician-basic advanced provider organization certification provides authority to perform skills set forth and approved by the commission for which certification is granted. The medical director may limit the skills according to local protocols.

(c) If an emergency medical technician-basic advanced provider organization also provides transportation of emergency patients, the emergency medical technician-basic advanced provider organization shall be certified as an ambulance service provider organization under [836 IAC 1-2](#).

(d) **The chief executive officer** of an emergency medical technician-basic advanced provider organization shall ~~have~~ **certify that the provider organization has** an agreement, or interdepartmental memo if hospital based, with one (1) or more supervising hospitals for the following services:

- (1) Continuing education.
- (2) Audit and review.
- (3) Medical control and direction.
- (4) Provision to allow the emergency medical technician-basic advanced affiliated with the supervised emergency medical technician-basic advanced provider organization to function within the appropriate hospital department in order to obtain continuing practice in their clinical skills.

The agreement or interdepartmental memo shall include a detailed description of how such services shall be provided to the emergency medical technician-basic advanced provider organization. In those cases where more than one (1) hospital enters into an agreement, or seeks to enter into an agreement, with an emergency medical technician-basic advanced provider organization as a supervising hospital, ~~an~~ **the** interhospital agreement shall ~~be provided to the agency that shall clearly defines~~ **define** the specific duties and responsibilities of each hospital to ensure medical and administrative accountability of system operation.

(e) All ambulances used by the emergency medical technician-basic advanced provider organization shall be certified under [836 IAC 1-3](#).

~~(f) Upon approval, a certificate shall be issued by the commission to the emergency medical technician-basic advanced provider organization for each vehicle. The certificate shall be valid for two (2) years. The vehicle certificate shall be prominently displayed within the vehicle.~~

~~(g)~~ **(f)** All nontransport vehicles used for the provision of emergency medical technician-basic advanced services shall meet all of the following requirements:

- (1) Each nontransport vehicle shall carry the following assembled and readily accessible minimum rescue equipment:

- (A) Equipment for safeguarding personnel, including one (1) fire extinguisher with an Underwriters Laboratory rating of not less than a five (5) pound rating for 2A:4-B; C, that shall have a current inspection date and be mounted so that it is readily accessible.

- (B) Equipment for release from entrapment or confinement, including the following:

- (i) One (1) hammer, four (4) pound, fifteen (15) inch handle (hammer weight and length are minimums).
 - (ii) One (1) wrecking bar, twenty-four (24) inch combination tool minimum.
 - (iii) One (1) self-contained portable light source.

- (2) Each nontransport vehicle shall wrap, properly store, and handle all the single-service implements inserted into the patient's nose or mouth. Multiuse items are to be kept clean and sterile when indicated and properly stored. The vehicle shall carry the following assembled and readily accessible minimum equipment:

- (A) Respiratory and resuscitation equipment as follows:

- (i) Portable suction apparatus, capable of a minimum vacuum of three hundred (300) millimeters mercury, equipped with **two (2) each** wide-bore tubing and both rigid and soft pharyngeal suction tips **in child and adult sizes**.
 - (ii) Bag-mask ventilation units, hand operated, one (1) unit in each of the following sizes, each equipped

with clear face masks and oxygen reservoirs with oxygen tubing:

(AA) Adult.

(BB) Child.

(CC) Infant.

(DD) Neonatal (mask only).

(iii) Oropharyngeal airways, two (2) each of adult, child, and infant.

(iv) One (1) pocket mask with one-way valve.

(v) Portable oxygen equipment of at least three hundred (300) liters capacity (D size cylinder) with:

(AA) yoke;

(BB) medical regulator;

(CC) pressure gauge; and

(DD) nondependent flowmeter.

(vi) Oxygen delivery devices shall include the following:

(AA) High concentration devices, two (2) each, adult, child, and infant.

(BB) Low concentration devices, two (2) each, adult.

(vii) Nasopharyngeal airways, two (2) each of the following with water soluble lubricant:

(AA) Small (20-24 french).

(BB) Medium (26-30 french).

(CC) Large (31 french or greater).

(viii) Bulb syringe individually packaged in addition to obstetrics kit.

(ix) Nonvisualized airway minimum of two (2) with water soluble lubricant.

(x) Portable defibrillator ~~with self-contained cardiac monitor and ECG strip writer~~ and equipped with defibrillation pads or paddles appropriate for adult defibrillation.

(B) Wound care supplies as follows:

(i) Airtight dressings, four (4), for open chest wounds.

(ii) Assorted bandaging supplies for the care of soft tissue injuries.

(C) Patient stabilization equipment as follows:

(i) Upper and lower extremity splinting devices, two (2) each.

(ii) Rigid extrication collar, two (2) each capable of the following sizes:

(AA) Pediatric.

(BB) Small.

(CC) Medium.

(DD) Large.

(D) Personal protection/universal precautions equipment, minimum of one (1) each, including the following:

(i) Gowns.

(ii) Face masks and shields.

(iii) Gloves.

(iv) Biohazard bags.

(v) Antimicrobial hand cleaner.

(E) Miscellaneous items as follows:

(i) Obstetrical kit, sterile, one (1).

(ii) Blood pressure manometer, one (1) each in the following cuff sizes:

(AA) Large adult.

(BB) Adult.

(CC) Pediatric.

(iii) Stethoscopes, one (1) each in the following sizes:

(AA) Adult.

(BB) Pediatric.

(iv) Sharps collector, one (1) being a minimum of seven (7) inches in height.

(v) Intravenous fluids and administration supplies approved by the medical director.

(vi) Medication as approved by the medical director limited to the following:

(AA) Baby aspirin, eighty-one (81) milligrams each.

(BB) Activated charcoal.

(CC) Instant glucose.

(DD) Epinephrine auto-injector or auto-injectors.

(3) A current copy of protocols shall be maintained on board the nontransport vehicle at all times.

(4) A copy of the medication list, including quantities and concentrations approved by the medical director.

~~(h)~~ **(g)** An emergency medical technician-basic advanced provider organization shall have a medical director. The duties and responsibilities of the medical director are as follows:

- (1) Provide liaison between the local medical community and the emergency medical service provider organization.
 - (2) ~~Assuring~~ **Assure** that appropriate intravenous solution, supplies, and equipment are available to the emergency medical technician-basic advanced provider organization.
 - (3) Monitor and evaluate the day-to-day medical operations of the provider organization.
 - (4) Assist the supervising hospital in the coordination of in-service training programs.
 - (5) Assure continued competence of emergency medical technician-basic advanced affiliated with, or employed by, the emergency medical technician-basic advanced provider organization.
 - (6) Participate in the quarterly audit and review of cases treated by emergency medical technician-basic advanced of the provider organization.
 - (7) Establish protocols for emergency medical technician-basic advanced.
 - (8) Establish and publish a list of intravenous fluids and administration supplies, including minimum quantities to be carried on the vehicle.
 - (9) Provide liaison between the:
 - (A) emergency medical service provider organization; ~~the~~
 - (B) emergency medical service personnel; and ~~the~~
 - (C) hospital;
- in regards to communicable disease testing under [IC 16-41-10](#).
- (10) Provide individual consultation to the emergency medical personnel affiliated with the ambulance service provider organization.**

~~(h)~~ **(h)** Each emergency medical technician-basic advanced provider organization shall notify the agency in writing within thirty (30) days of any changes in the operation as outlined in the application for which certification was granted.

~~(i)~~ **(i)** When services administered by an emergency medical technician-basic advanced at the scene of an accident or illness are continued en route to an emergency facility, as a minimum, the patient compartment of the ambulance shall be staffed by not less ~~fewer~~ than one (1) person certified as:

- (1)** an emergency medical technician-basic advanced;
- (2)** an emergency medical technician-intermediate; or
- (3)** a paramedic.

~~(j)~~ **(j)** Provide for a periodic maintenance program to assure that:

- (1)** all emergency medical service vehicles, including equipment, are maintained in good working condition at all times; and ~~that~~
- (2)** equipment, medication, and supplies have not exceeded the manufacturer's specified expiration date.

~~(k)~~ **(k)** Each emergency medical technician-basic advanced provider organization shall show proof of insurance coverage as required by [836 IAC 1-3-6](#).

~~(l)~~ **(l)** The emergency medical technician-basic advanced provider organization shall maintain a communications system established under [836 IAC 1-4](#).

~~(m)~~ **(m)** Each nontransport vehicle used for the purpose of providing emergency medical technician-basic advanced services when dispatched for the purpose of an emergency medical run shall be staffed, as a minimum, by a certified emergency medical technician-basic advanced.

(Indiana Emergency Medical Services Commission; [836 IAC 1-12-1](#); filed Jun 11, 2004, 1:30 p.m.: 27 IR 3530)

SECTION 17. [836 IAC 1-12-3](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 1-12-3](#) Application for certification

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3-8](#); [IC 16-31-3-20](#)

Sec. 3. (a) Application for certification as an emergency medical technician-basic advanced provider

organization shall be made on forms provided by the agency and shall include the following:

- (1) Each application shall include the following information:
 - (A) A description of the service area.
 - (B) Hours of operation.
 - (C) Number and location of ambulances and nontransport vehicles.
 - (D) Organizational structure, including name, address, and phone number for the:
 - (i) owner;
 - (ii) chief executive officer;
 - (iii) chief operations officer;
 - (iv) training officer; and
 - (v) medical director.
 - (E) Current Federal Communications Commission license or letter of authorization.
 - (F) Location of provider organization's records.
 - (G) Proof of insurance coverage for ambulances and nontransport vehicles as required by [836 IAC 1-3-6](#).
 - (H) Staffing pattern of personnel.
 - (I) Base of operations.
 - (J) ~~List~~ **Roster** of all affiliated personnel, **signed by the medical director and the chief executive officer**, including certification numbers.
 - (K) Other information as required by the commission.
- (2) Plans and methodologies to ensure that the trained personnel are provided with supervised continuing education to maintain proficiency. Continuing education is under the direct supervision of the emergency medical technician-basic advanced provider organization medical director or medical director designee **as described in [836 IAC 1-1-6\(4\)\(C\)](#)**.
- (3) A listing of intravenous fluids and administration sets, including quantities to be carried on board each vehicle as approved by the medical director.

(b) Emergency medical technician-basic advanced provider organizations that do not also provide transportation of emergency patients shall submit a copy of a current agreement between the nontransporting emergency medical technician-basic advanced provider organization and a certified ambulance service provider organization. The agreement shall:

- (1) provide that the nontransporting emergency medical technician-basic advanced provider organization assures that patients treated shall be transported in a timely and safe manner; ~~The agreement shall~~
- (2) not preclude another ambulance service provider organization, if available, from transporting the patients.

(c) Upon approval, an emergency medical technician-basic advanced provider organization shall be issued a certification.

~~(d) The certificate: is valid for a period of~~

- (1) expires on the expiration date established when it is issued, which must be at least two (2) years after the date of its issuance; and**
- (2) shall be prominently displayed at the place of business.**

~~(d)~~ **(e)** Application for emergency medical technician-basic advanced provider organization certification renewal shall be made not less than sixty (60) days prior to the expiration date of the current certification. Application for renewal will:

- (1) be made on forms provided by the agency; and**
- (2) show evidence of compliance with the requirements as set forth for original certification.**

(Indiana Emergency Medical Services Commission; [836 IAC 1-12-3](#); filed Jun 11, 2004, 1:30 p.m.: 27 IR 3532)

SECTION 18. [836 IAC 1-12-4](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 1-12-4](#) Emergency medical technician-basic advanced provider organization; operating procedures

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3](#)

Sec. 4. (a) Each emergency medical technician-basic advanced provider organization shall **do the following:**

(1) Comply with the emergency medical service provider organization operating procedures of [836 IAC 1-1-8](#).

~~(b) Each emergency medical technician-basic advanced provider organization shall~~ **(2)** Establish daily equipment checklist procedures to ensure the following:

~~(1)~~ **(A)** Mechanical and electronic equipment is in proper operating condition.

~~(2)~~ **(B)** Emergency response vehicles are maintained in a safe operating condition at all times.

~~(3)~~ **(C)** Intravenous fluids and administration sets are available and functional.

~~(4)~~ **(D)** Equipment, medication, fluid, and supplies do not exceed the manufacturer's specified expiration date.

~~(e)~~ **(b)** A copy of the protocols and list of intravenous fluids and administration supplies shall be maintained by the emergency medical technician-basic advanced provider organization. Any changes to the protocols ~~and or~~ **list of intravenous fluids or administration supplies** shall be ~~forwarded~~ **provided in writing** to the agency within thirty (30) days.

~~(d)~~ **(c)** The following requirements apply to the use of equipment and supplies by emergency medical technician-basic advanced:

(1) Emergency medical technician-basic advanced are prohibited from having in their possession, or maintained on board emergency response vehicles, any equipment or supplies that have not been approved by the emergency medical technician-basic advanced provider organization medical director.

(2) Accountability for:

(A) distribution;

(B) storage;

(C) ownership; and

(D) security;

of equipment and supplies shall be in accordance with the requirements established by the issuing pharmacy and medical director.

~~(e)~~ **(d)** Each emergency medical technician-basic advanced provider organization shall **do the following:**

(1) Follow rigid sanitation procedures established in [836 IAC 1-2-3](#) ~~(f)~~ [836 IAC 1-1-8](#).

~~(f) The emergency medical technician-basic advanced provider organization shall~~ **(2)** Ensure that all ambulances used for the provision of emergency medical technician-basic advanced contain the rescue equipment required in [836 IAC 1-3-4](#), the emergency care equipment required in [836 IAC 1-3-5](#), and the communication equipment required in [836 IAC 1-4-2](#). In addition, the emergency medical services vehicles used for the provision of emergency medical technician-basic advanced shall also carry the following items:

~~(1)~~ **(A)** One (1) portable ECG monitor/defibrillator with defibrillation pads or paddles, which may be the defibrillator listed in [836 IAC 1-3-5](#)(1)(L).

~~(2)~~ **(B)** Intravenous fluids and administration supplies as approved by the medical director.

~~(3)~~ **(C)** A current copy of emergency medical technician-basic advanced protocols shall be maintained on board the emergency medical services vehicle at all times.

~~(4)~~ **(D)** A copy of the list of intravenous fluids and administration sets, including quantities as approved by the medical director.

~~(g)~~ **(e)** An emergency medical technician-basic advanced provider organization and any affiliated emergency medical technician-basic advanced possessing approval for intravenous line placement from the medical director may transport and treat a patient or patients from a health care facility as follows if:

(1) The only procedure that has been previously initiated for the patient is an intravenous line or lines administering prepackaged solutions of dextrose or electrolytes that contain one (1) or more of the following additives and no others:

(A) Vitamins.

(B) Sodium chloride, excluding saline solutions in excess of nine-tenths percent (0.9%) concentration.

(C) Potassium chloride (forty (40) milliequivalent per liter maximum).

(D) Cortisone.

(E) Antibiotics.

(2) The ambulance contains sufficient quantities of the intravenous supplies and solutions received by the patient in order to:

(A) maintain the patient's established medical intervention; and ~~to~~

(B) manage patient complications that may be reasonably anticipated to occur en route to the patient's destination.

~~(h)~~ **(f)** An emergency medical technician-basic advanced provider organization shall not do the following:

- (1) Operate an ambulance or other emergency medical service vehicle unless it is in full compliance with this article.
- (2) Transport any emergency patient in any vehicle except a certified ambulance.

(Indiana Emergency Medical Services Commission; [836 IAC 1-12-4](#); filed Jun 11, 2004, 1:30 p.m.: 27 IR 3533)

SECTION 19. [836 IAC 2-2-1](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 2-2-1](#) General requirements for paramedic provider organizations

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3](#); [IC 16-41-10](#)

Sec. 1. (a) A person shall not:

- (1)** furnish;
- (2)** operate;
- (3)** maintain;
- (4)** advertise; or
- (5)** otherwise engage in providing;

emergency medical services as a paramedic provider organization unless the person is certified by the commission as a paramedic provider organization.

(b) If the paramedic provider organization also provides transportation of emergency patients, the paramedic provider organization shall be certified as an ambulance service provider organization in accordance with the requirements specified in [836 IAC 1](#). The paramedic nontransport provider organizations shall meet the requirements specified in [836 IAC 1-1-5](#) through [836 IAC 1-1-8](#).

(c) The paramedic provider organization shall ensure the following:

- (1) Ambulances used are certified and meet the requirements specified in [836 IAC 1-3](#).
- (2) All nontransport emergency medical services vehicles used for the provision of advanced life support meet all of the requirements in [836 IAC 2-14](#).

(d) **The chief executive officer of each paramedic provider organization shall have certify that the provider organization has** an agreement, or interdepartmental memo if hospital based, with one (1) or more supervising hospitals that ~~agree~~ **agrees** to provide the following services:

- (1) Continuing education.
- (2) Audit and review.
- (3) Medical control and direction.
- (4) Provision to allow the paramedics affiliated with the supervised paramedic provider organization to function within the appropriate hospital department in order to obtain continuing practice, remediation, and continuing education in their clinical skills.

The agreement or interdepartmental memo shall include a detailed description of how such services shall be provided to the paramedic provider organization. In those cases where more than one (1) hospital enters into an agreement, or seeks to enter into an agreement, with a paramedic provider organization as a supervising hospital, ~~an the interhospital agreement shall be provided to the agency that~~ shall clearly define the specific duties and responsibilities of each hospital to ensure medical and administrative accountability of system operation.

(e) The paramedic provider organization shall have a medical director provided by the paramedic provider organization or jointly with the supervising hospital. The medical director is responsible for providing competent medical direction as established by the medical control committee. Upon establishment of a medical control policy, the paramedic provider organization medical director and the chief executive officer have the duty to enact the policy within the paramedic provider organization and accordingly enforce the policy. The duties and responsibilities of the medical director include, but are not limited to, the following:

- (1) Provide liaison with physicians and the medical community.
- (2) Assure that the:
(A) drugs;

- (B) medications;
- (C) supplies; and
- (D) equipment;

are available to the paramedic provider organization.

(3) Monitor and evaluate day-to-day medical operations of paramedic provider organizations.

(4) Assist the supervising hospital in the provision and coordination of continuing education.

(5) Provide individual consultation to paramedics.

(6) Participate in at least quarterly audit and review of cases treated by paramedics of the provider organization.

(7) Attest to the competency of paramedics affiliated with the paramedic provider organization to perform skills required of a paramedic under [836 IAC 4-9-5](#).

(8) Establish protocols for **basic and** advanced life support in cooperation with the medical control committee of the supervising hospital.

(9) Establish and publish a list of medications, including minimum quantities and dosages to be carried on the emergency medical services vehicle.

(10) Provide liaison between the:

(A) emergency medical service provider organization; ~~the~~

(B) emergency medical service personnel; and ~~the~~

(C) hospital;

in regards to communicable disease testing under [IC 16-41-10](#).

(f) The paramedic provider organization shall maintain a communications system that shall be available twenty-four (24) hours a day between the paramedic provider organization and the emergency department, or equivalent, of the supervising hospital using UHF (ultrahigh frequency) or cellular voice communications. The communications system shall be licensed by the Federal Communications Commission.

(g) Each paramedic provider organization shall do the following:

(1) Maintain an adequate number of trained personnel and emergency response vehicles to provide continuous, twenty-four (24) hour advanced life support services.

(2) Notify the commission in writing within thirty (30) days of assigning any individual to perform the duties and responsibilities required of a paramedic. This notification shall be signed by the provider organization and medical director of the provider organization.

(h) A paramedic ambulance service provider organization must be able to provide a paramedic level response. For the purpose of this subsection, "paramedic response" consists of the following:

(1) A paramedic.

(2) An emergency medical technician or higher.

(3) An ambulance in compliance with the requirements of section 3(e) of this rule.

(4) During transport of the patient, the following are the minimum staffing requirements:

(A) If paramedic level advanced life support treatment techniques have been initiated or are needed:

(i) the ambulance must be staffed by at least a paramedic and an emergency medical technician; and

(ii) a paramedic shall be in the patient compartment.

(B) If an emergency medical technician-intermediate level advanced life support treatment techniques have been initiated or are needed:

(i) the ambulance must be staffed by at least an emergency medical technician-intermediate and an emergency medical technician; and

(ii) an emergency medical technician-intermediate shall be in the patient compartment.

(C) If advanced life support treatment techniques have not been initiated and are not needed:

(i) the ambulance must be staffed by at least an emergency medical technician; and

(ii) an emergency medical technician shall be in the patient compartment.

(i) For a paramedic provider organization, when an advanced life support nontransport vehicle is dispatched for a paramedic response, it shall, at a minimum, be staffed by a paramedic.

(j) The paramedic provider organization shall **do the following:**

(1) Notify the agency in writing within thirty (30) days of any changes in the operation as stated in the application.

~~(k) The paramedic provider organization shall,~~ (2) With medical director and chief executive officer approval, allow a student or graduate of an Indiana approved paramedic course to perform advanced life support under

the direction of a preceptor. This person shall be actively pursuing certification as an Indiana certified paramedic. This provision shall be limited from one (1) year from date of course completion as indicated on course report.

~~(1) Each paramedic provider organization shall~~ **(3)** Show proof of insurance coverage as required by [836 IAC 1-3-6](#).

(Indiana Emergency Medical Services Commission; Advanced Life Support Rule I, A; filed Jan 21, 1977, 11:30 a.m.: Rules and Regs. 1978, p. 200; filed Dec 15, 1977: Rules and Regs. 1978, p. 250; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2216; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2434; errata, 5 IR 400; filed Dec 2, 1983, 2:43 p.m.: 7 IR 364; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1062; filed Aug 18, 1986, 1:00 p.m.: 10 IR 41; filed Oct 11, 1988, 11:05 a.m.: 12 IR 358; filed May 15, 1998, 10:25 a.m.: 21 IR 3892; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2733; filed Apr 4, 2002, 9:15 a.m.: 25 IR 2512; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2348; errata, 26 IR 2624; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3535)

SECTION 20. [836 IAC 2-2-2](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 2-2-2](#) Application for certification; renewal

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3](#)

Sec. 2. (a) Application for certification as a paramedic provider organization shall be made on forms provided by the agency and shall comply with the following:

(1) Applicants shall complete the required forms and submit the forms to the agency not less than sixty (60) days prior to the requested effective date of the certificate.

(2) Each application shall include a narrative summary of plans for providing advanced life support services, including the following:

(A) Defined primary area of response, including location of advanced life support response vehicles.

(B) A **listing roster** of all affiliated personnel, **signed by the medical director and the chief executive officer**, including certification numbers. ~~by the paramedic provider organization.~~

(C) The staffing pattern of personnel.

(D) Base of operations.

(E) Organizational structure, including name, address, and phone numbers for the:

(i) owner;

(ii) chief executive officer;

(iii) chief operations officer;

(iv) training officer; and

(v) medical director.

(F) Location of paramedic provider organizations records.

(G) Proof of insurance coverage for emergency medical service vehicles if required by [836 IAC 1-3-6](#).

(H) Plans and methodologies to ensure that the trained personnel are provided with supervised continuing education to maintain proficiency. Continuing education is under the direct supervision of the paramedic provider organization medical director with the cooperation of the supervising hospital.

(I) A listing of medications and special onboard life support equipment to be carried on board each vehicle as approved by the medical director.

(J) All scheduled medications shall be stored in a locked container within a locked compartment.

Medications storage shall be approved in writing by medical director or issuing pharmacy.

(K) Letter of approval from the supervising hospital stating:

(i) acceptance of the paramedics;

(ii) compatibility of the UHF communications with the paramedic provider organization's vehicles; and

(iii) agreement to fulfill the responsibilities of the supervising hospital.

(L) Copy of agreement or interdepartmental memo as required in section 1(d) of this rule.

~~(M)~~ **(M)** Other information as required by the agency.

(b) Paramedic provider organizations that do not also provide transportation of emergency patients shall submit and maintain a copy of a current agreement between the nontransporting paramedic provider organization and an ambulance service provider organization certified under [IC 16-31](#). The agreement shall:

(1) ensure that the nontransporting paramedic provider organization can be assured that patients treated shall be transported in a timely and safe manner; ~~The agreement shall and~~

(2) not preclude another ambulance service provider organization, if available, from transporting the patients.

(c) Upon approval, a paramedic provider organization shall be issued certification for the provision of advanced life support.

~~(d) The certificate: is valid for a period of~~

(1) expires on the expiration date established when it is issued, which must be at least two (2) years after the date of its issuance; and

(2) shall be prominently displayed at the place of business.

~~(d) (e) Application for paramedic provider organization certification renewal should be made not less than sixty (60) days prior to the expiration date of the current certification. Application for renewal shall:~~

~~(1) be made on forms provided by the agency; and shall~~

~~(2) show evidence of compliance with the requirements as set forth for original certification.~~

~~Upon approval, a paramedic provider organization shall be issued a certification. The certificate is valid for a period of two (2) years and shall be prominently displayed at the place of business.~~

(Indiana Emergency Medical Services Commission; Advanced Life Support Rule I, B; filed Jan 21, 1977, 11:30 a.m.: Rules and Regs. 1978, p. 202; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2218; errata, 4 IR 531; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2436; filed Dec 2, 1983, 2:43 p.m.: 7 IR 366; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1064; filed May 15, 1998, 10:25 a.m.: 21 IR 3895; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2735; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3537)

SECTION 21. [836 IAC 2-2-3](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 2-2-3](#) Paramedic provider organization operating procedures

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3](#)

Sec. 3. (a) Each paramedic ambulance service provider organization shall comply with the ambulance service provider organization operating procedures of [836 IAC 1-2-3](#). The paramedic nontransport provider organization shall comply with the operating procedures listed in [836 IAC 1-1-8](#).

(b) Each paramedic provider organization shall establish daily equipment checklist procedures to ensure the following:

(1) Electronic and mechanical equipment are in proper operating condition.

(2) Emergency response vehicles are maintained in a safe operating condition at all times.

(3) All required medications and intravenous fluids approved by the medical director of the paramedic provider organization and the supervising hospital are on board all nontransport emergency medical services vehicles and ambulances when used for the provision of advanced life support and available to the paramedic.

(4) Equipment, medication, fluid, and supplies have not exceeded the manufacturer's specified expiration date.

(c) A copy of the medication list and protocols **signed by the medical director** shall be maintained by the paramedic provider organization and the supervising hospital emergency department. Any changes to the medications list shall be forwarded to the agency within thirty (30) days.

(d) All medications and advanced life support supplies are to be supplied by order of the medical director.

Accountability for:

(1) distribution;

(2) storage;

(3) ownership; and

(4) security;

of medications is subject to applicable requirements as determined by the medical director, pharmacist, and the United States Department of Justice Drug Enforcement Administration.

(e) The paramedic provider organization shall ensure that all ambulances used for the provision of advanced

life support contain the emergency care equipment required in [836 IAC 1-3-5](#), the rescue equipment required in [836 IAC 1-3-4](#), and communication equipment required in [836 IAC 1-4-2](#). The advanced life support emergency medical services vehicles shall also carry the following equipment:

- (1) Portable defibrillator with self-contained cardiac monitor and ECG strip writer and equipped with defibrillation pads or paddles appropriate for both adult and pediatric defibrillation. This may be the defibrillator listed in [836 IAC 1-3-5\(1\)\(L\)](#).
- ~~(2) Tracheal suction catheters (adult #14 and #18, child #10).~~
- ~~(3)~~ **(2)** Endotracheal intubation devices, including the following:
 - (A) Laryngoscope with extra batteries and bulbs.
 - (B) Laryngoscope blades (adult and pediatric, curved and straight).
 - (C) Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter.
- ~~(4)~~ **(3)** Intravenous fluids, medication, and administration supplies approved by the medical director.
- ~~(5)~~ **(4)** A current copy of advanced life support protocols shall be maintained on board the emergency medical services vehicle at all times.
- ~~(6)~~ **(5)** A copy of the medication list, including quantities and concentrations approved by the medical director.

(f) The paramedic provider organization shall **do the following**:

(1) Ensure that all nontransport emergency medical services vehicles used for the provision of advanced life support meet all of the requirements in [836 IAC 2-14](#).

~~(g) Each paramedic provider organization shall ensure that~~ **(2) Follow the** rigid sanitation procedures are in effect at all times. The following sanitation standards apply to all vehicles used for the purpose of providing advanced life support services: listed in [836 IAC 1-1-8](#).

- ~~(1) The interior and the equipment within the vehicle shall be clean and maintained in good working order at all times.~~
- ~~(2) Freshly laundered linen or disposable linens shall be used on litters and pillows, and linen changed after each patient is transported.~~
- ~~(3) Clean linen storage shall be provided.~~
- ~~(4) Closed compartments shall be provided within the vehicle for medical supplies.~~
- ~~(5) Closed containers shall be provided for soiled supplies.~~
- ~~(6) Blankets shall be kept clean and stored in closed compartments.~~
- ~~(7) Single-service implements inserted into the patient's nose or mouth shall be wrapped and properly stored and handled. Multiuse items are to be kept clean and sterile when indicated and properly stored.~~
- ~~(8) When a vehicle has been utilized to transport a patient known to have a communicable disease, the vehicle shall be cleansed and all contact surfaces washed with soap and water and disinfected.~~

~~(h)~~ **(g)** All scheduled medications shall be stored in a locked container within a locked compartment. Medications storage shall be approved in writing by medical director or issuing pharmacy.

~~(i)~~ **(h)** A paramedic provider organization shall not **do the operating**:

(1) Operate an ambulance or other emergency medical service vehicle unless it is in full compliance with this article.

~~(j) A paramedic provider organization shall not~~ **(2)** Transport any emergency patient or patient receiving advanced life support in any vehicle except an ambulance certified under [IC 16-31](#).

~~(k)~~ **(i)** Provisions for temporary vehicle certification are addressed in [836 IAC 1-2-3](#) and [836 IAC 2-14-2](#)~~(d)~~. **[836 IAC 2-14-2\(e\)](#)**.

~~(l)~~ **(j)** Paramedics are prohibited from having in their possession, or maintained on board emergency response vehicles, any advanced life support equipment or supplies that have not been approved by the paramedic provider organization medical director.

~~(m)~~ **(k)** A paramedic provider organization is considered to be providing specialty care transport when the level of service or procedures required:

- (1) exceed the procedures identified in the Indiana paramedic curriculum;
- (2) are those in which the paramedic has received additional medical director approved training; and
- (3) have been approved by the organization medical director.

(Indiana Emergency Medical Services Commission; Advanced Life Support Rule I, C; filed Jan 21, 1977, 11:30 a.m.: Rules and Regs. 1978, p. 204; filed Nov 3, 1980, 3:55 p.m.: 3 IR 2219; filed Oct 13, 1981, 10:05 a.m.: 4 IR 2437; errata, 5 IR 400; filed Dec 2, 1983, 2:43 p.m.: 7 IR 367; errata, 7 IR 1254; filed Dec 13, 1985, 9:13 a.m.: 9 IR 1065; filed Aug 18, 1986, 1:00 p.m.: 10 IR 43; filed Oct 11, 1988, 11:05 a.m.: 12 IR 360; filed May 15, 1998, 10:25 a.m.: 21 IR 3896; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2736; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3538)

SECTION 22. [836 IAC 2-4.1-1](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 2-4.1-1](#) Certification as a supervising hospital; renewal

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3-14](#)

Sec. 1. (a) All hospitals supervising, or seeking to supervise, an emergency medical services provider organization at the following levels shall be certified by the commission:

- (1) Paramedic.
- (2) Emergency medical technician-intermediate.
- (3) Emergency medical technician-basic advanced.

(b) Application for certification shall be submitted to the commission ~~no not less than ninety (90) sixty (60)~~ days prior to the date for which approval is requested ~~Application for certification shall be~~ and made on forms provided by the agency. The application shall include the following:

- (1) **A** description of the communication system, licensed per FCC rules and regulation, ~~which that~~ is available twenty-four (24) hours a day, and any other means of communications with emergency medical service provider organizations certified emergency medical technician-basic advanced, emergency medical technician-intermediate, or paramedic vehicles with a copy of the current FCC license attached.

- (2) **A** description of procedures to supervise via voice communication the procedures performed by:

- (A)** emergency medical technician-basic advanced;
- (B)** emergency medical technician-intermediate; or
- (C)** paramedic;

personnel.

- (3) A list of hospital staff positions approved to give orders for on-line medical control.

- (4) **A** description of the procedures for audit and review of cases transported by:

- (A)** emergency medical technician-basic advanced;
- (B)** emergency medical technician-intermediate; or
- (C)** paramedic;

provider organizations, including the membership of the medical control committee.

- (5) A written approval from the administrative and medical staff to supervise the procedures performed by the:

- (A)** emergency medical technician-basic advanced;
- (B)** emergency medical technician-intermediate; or
- (C)** paramedic;

personnel.

- (6) ~~A copy of your~~ **certification by the chief executive officer that the hospital has** contractual agreement, **agreements**, or interdepartmental ~~memo memos~~ if hospital based, with emergency medical technician-basic advanced, emergency medical technician-intermediate, or paramedic provider organizations whereby the administrative and medical staff have agreed to provide the following:

- (A)** Continuing education.
- (B)** Audit and review.
- (C)** Medical control and direction.
- (D)** Liaison and direction for supply of:
 - (i)** medications;
 - (ii)** fluids; and
 - (iii)** other medical items.

- ~~A description of procedure~~ **Procedures** to allow emergency medical technician-basic advanced, emergency medical technician-intermediate, or paramedic personnel to function within the appropriate hospital department to maintain continuing education for the:

- (i)** emergency medical technician-basic advanced;
- (ii)** emergency medical technician-intermediate; or

(iii) paramedic;
personnel skills as defined in [836 IAC 4](#), including a list of hospital departments involved and supervisory personnel.

(c) Commission certification as a supervising hospital ~~shall be valid for~~ **expires on the expiration date established when it is issued, which must be at least two (2) years after the date of its issuance.**

(d) Application for the renewal shall be made on forms provided by the agency. The application shall document compliance with this rule.

(Indiana Emergency Medical Services Commission; [836 IAC 2-4.1-1](#); filed May 15, 1998, 10:25 a.m.: 21 IR 3898; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3540)

SECTION 23. [836 IAC 2-7.2-1](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 2-7.2-1](#) General requirements for emergency medical technician-intermediate provider organizations

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 4-21.5](#); [IC 16-31-3](#); [IC 16-41-10](#)

Sec. 1. (a) A person shall not:

- (1) furnish;
- (2) operate;
- (3) maintain;
- (4) advertise; or
- (5) otherwise engage in providing;

emergency medical services as an emergency medical technician-intermediate provider organization unless the person is certified as an emergency medical technician-intermediate provider organization.

(b) If the emergency medical technician-intermediate provider organization also provides transportation of emergency patients, the emergency medical technician-intermediate provider organization shall be certified as an ambulance service provider organization in accordance with the requirements specified in [836 IAC 1](#) under [IC 16-31](#). The emergency medical technician-intermediate nontransport provider organizations shall meet the requirements specified in [836 IAC 1-1-4](#) through [836 IAC 1-1-8](#).

(c) The emergency medical technician-intermediate provider organization shall ensure the following:

- (1) Ambulances used are certified and meet the requirements specified in [836 IAC 1-3](#).
- (2) All nontransport emergency medical services vehicles used for the provision of advanced life support meet all of the requirements in [836 IAC 2-14](#).

(d) ~~An~~ **The chief executive officer of each** emergency medical technician-intermediate provider organization shall ~~have~~ **certify that the provider organization has** an agreement, or interdepartmental memo if hospital based, with one (1) or more supervising hospitals for the following services:

- (1) Continuing education.
- (2) Audit and review.
- (3) Medical control and direction.

(4) ~~Provision~~ **Provisions** to allow the emergency medical technician-intermediates affiliated with the supervised emergency medical technician-intermediate provider organization to function within the appropriate hospital department in order to obtain continuing practice in their clinical skills.

The agreement or interdepartmental memo shall include a detailed description of how such services shall be provided to the emergency medical technician-intermediate provider organization. In those cases where more than one (1) hospital enters into an agreement, or seeks to enter into an agreement, with an emergency medical technician-intermediate provider organization as a supervising hospital, ~~an~~ **the** interhospital agreement shall ~~be provided to the agency that shall~~ clearly define the specific duties and responsibilities of each hospital to ensure medical and administrative accountability of system operation.

(e) The emergency medical technician-intermediate provider organization shall have a medical director provided by the emergency medical technician-intermediate provider organization or jointly with the supervising hospital. The medical director is responsible for providing competent medical direction as established by the medical control committee. Upon establishment of a medical control policy, the medical director and chief executive officer of the emergency medical technician-intermediate provider organization have the duty to enact the policy within the emergency medical technician-intermediate provider organization and accordingly enforce the policy. The duties and responsibilities of the medical director include, but are not limited to, the following:

(1) Provide liaison with physicians and the medical community.

(2) Assure that the:

(A) drugs;

(B) medications;

(C) supplies; and

(D) equipment;

are available to the emergency medical technician-intermediate provider organization.

(3) Monitor and evaluate day-to-day medical operations of emergency medical technician-intermediate provider organizations.

(4) Assist in the provision and coordination of continuing education.

(5) Provide individual consultation to emergency medical technician-intermediates.

(6) Participate in at least quarterly audit and review of cases treated by emergency medical technician-intermediates of the supervising hospital.

(7) Attest to the competency of emergency medical technician-intermediates affiliated with the emergency medical technician-intermediate provider organization to perform skills required of an emergency medical technician-intermediate under [836 IAC 4-7.1](#).

(8) Establish protocols for **basic life support** and advanced life support.

(9) Establish and publish a list of medications, including minimum quantities and dosages to be carried on the vehicle.

(10) Provide liaison between the:

(A) emergency medical service provider organization; ~~the~~

(B) emergency medical service personnel; and ~~the~~

(C) hospital;

in regards to communicable disease testing under [IC 16-41-10](#).

(f) The emergency medical technician-intermediate provider organization shall **do the following**:

(1) Maintain a communications system that shall be available twenty-four (24) hours a day between the emergency medical technician-intermediate provider organization and the emergency department, or equivalent, of the supervising hospital using UHF (ultrahigh frequency) and cellular voice communications. The communications system shall be licensed by the Federal Communications Commission.

~~(g) Each emergency medical technician-intermediate provider organization shall do the following:~~

~~(1)~~ (2) Maintain an adequate number of trained personnel and emergency response vehicles to provide continuous, twenty-four (24) hour advanced life support services.

~~(2)~~ (3) Notify the commission in writing within thirty (30) days of assigning any individual to perform the duties and responsibilities required of an advanced emergency medical technician-intermediate. This notification shall be signed by the provider organization and medical director of the provider organization.

~~(h)~~ (g) An emergency medical technician-intermediate ambulance service provider organization must be able to provide an emergency medical technician-intermediate level response. For the purpose of this subsection, "emergency medical technician-intermediate response" consists of the following:

(1) An emergency medical technician-intermediate.

(2) An emergency medical technician or higher.

(3) An ambulance in compliance with the requirements of section ~~3(f)~~ **3(d)(2)** of this rule.

(4) During transport of the patient, the following are the minimum staffing requirements:

(A) If emergency medical technician-intermediate level advanced life support treatment techniques have been initiated or are needed:

(i) the ambulance must be staffed by at least an emergency medical technician-intermediate and an emergency medical technician; and

(ii) an emergency medical technician-intermediate shall be in the patient compartment.

(B) If advanced life support treatment techniques have not been initiated and are not needed:

(i) the ambulance must be staffed by at least an emergency medical technician; and

(ii) an emergency medical technician shall be in the patient compartment.

(h) For an emergency medical technician-intermediate provider organization, when an advanced life support nontransport vehicle is dispatched emergency medical technician-intermediate response, it shall, at a minimum, be staffed by an emergency medical technician-intermediate.

(i) The emergency medical technician-intermediate provider organization shall **do the following:**

(1) Notify the agency in writing within thirty (30) days of any change in the operation as stated in the application.

~~(k) The emergency medical technician-intermediate provider organization shall;~~ (2) With medical director and chief executive officer approval, allow a graduate or student of an Indiana approved emergency medical technician-intermediate course to perform advanced life support under the direction of a preceptor. This person shall be actively pursuing certification as an Indiana certified emergency medical technician-intermediate. This provision shall be limited from one (1) year from date of course completion as indicated on course report.

(j) All ambulances and nontransport vehicles used by the emergency medical technician-intermediate provider organization shall meet the insurance requirements under [836 IAC 1-3-6](#).

(Indiana Emergency Medical Services Commission; [836 IAC 2-7.2-1](#); filed Feb 20, 2003, 8:00 a.m.: 26 IR 2353; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3542)

SECTION 24. [836 IAC 2-7.2-2](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 2-7.2-2](#) Application for certification; renewal

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3](#)

Sec. 2. (a) Application for certification as an emergency medical technician-intermediate provider organization shall be made on forms provided by the agency and shall include, but not be limited to, the following:

(1) An applicant shall complete and submit the required forms to the agency at least sixty (60) days before the requested effective date of the certificate.

(2) Each application shall include a narrative summary of plans for providing advanced life support services, including the following:

(A) Defined primary area of response, including location of advanced life support response vehicles.

(B) A listing of all emergency medical technician-intermediates, including certification numbers, to be affiliated by the emergency medical technician-intermediate provider organization.

(C) The staffing pattern of personnel.

(D) Base of operations.

(E) Organizational structure, including name, address, and phone numbers for the:

(i) owner;

(ii) chief executive officer;

(iii) chief operations officer;

(iv) training officer; and

(v) medical director.

(F) Location of emergency medical technician-intermediate provider organizations records.

(G) Proof of insurance coverage for emergency medical service vehicles as required by [836 IAC 1-3-6](#).

(H) Plans and methodologies to ensure that the trained personnel are provided with supervised continuing education to maintain proficiency. Continuing education is under the direct supervision of the emergency medical technician-intermediate provider organization medical director with the cooperation of the supervising hospital.

(I) A listing of medications and special onboard life support equipment to be carried on board each vehicle as approved by the medical director.

(J) All scheduled medications shall be stored in a locked container within a locked compartment. Medications storage shall be approved in writing by medical director or issuing pharmacy.

(K) Letter of approval from the supervising hospital stating acceptance of the:

(i) emergency medical technician-intermediates;

(ii) compatibility of the UHF communications with the emergency medical technician-intermediate provider organization's vehicles; and

(iii) agreement to fulfill the responsibilities of the supervising hospital.

(L) Certification required in section 1(d) of this rule.

~~(L)~~ **(M)** Other information as required by the agency.

(b) Emergency medical technician-intermediate provider organizations that do not also provide transportation of emergency patients shall submit and maintain a copy of a current written agreement between the nontransporting emergency medical technician-intermediate provider organization and an ambulance service provider organization certified under [IC 16-31](#). The agreement shall:

- (1) ensure that the nontransporting emergency medical technician-intermediate provider organization can be assured that patients treated shall be transported in a timely and safe manner; ~~The agreement shall and~~
- (2) not preclude another ambulance service provider organization, if available, from transporting the patients.

(c) Upon approval, an emergency medical technician-intermediate provider organization shall be issued certification for the provisions of advanced life support certification.

~~(d)~~ The certificate: ~~issued is valid for a period of~~

(1) expires on the expiration date established when it is issued, which must be at least two (2) years after the date of its issuance; and

(2) shall be prominently displayed at the place of business.

~~(d)~~ **(e)** An application for an emergency medical technician-intermediate provider organization certification renewal shall be made at least sixty (60) days before the expiration date of the current certification. Application for renewal shall:

(1) be made on forms provided by the agency; and shall

(2) show evidence of compliance with the requirements as set forth for original certification.

(Indiana Emergency Medical Services Commission; [836 IAC 2-7.2-2](#); filed Feb 20, 2003, 8:00 a.m.: 26 IR 2355; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3544)

SECTION 25. [836 IAC 2-7.2-3](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 2-7.2-3](#) Emergency medical technician-intermediate provider organization operating procedures

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3](#)

Sec. 3. (a) Each emergency medical technician-intermediate provider organization shall **do the following:**

(1) Comply with the ambulance service provider operating procedures of [836 IAC 1-2-3](#). The emergency medical technician-intermediate provider organization nontransport provider organization shall comply with the operating procedures listed in [836 IAC 1-1-8](#).

~~(b) Each emergency medical technician-intermediate provider organization shall~~ **(2)** Establish daily equipment checklist procedures to ensure the following:

~~(1)~~ **(A)** Electronic and mechanical equipment are in proper operating condition.

~~(2)~~ **(B)** Emergency response vehicles are maintained in a safe operating condition at all times.

~~(3)~~ **(C)** All required medications and intravenous fluids approved by the medical director of the emergency medical technician-intermediate provider organization and the supervising hospital are on board all nontransport emergency medical services vehicles and ambulances when used for the provision of advanced life support and available to the emergency medical technician-intermediate.

~~(4)~~ **(D)** Equipment, medication, fluid, and supplies have not exceeded the manufacturer's specified expiration date.

~~(e)~~ **(b)** A copy of the medication list and protocols shall be maintained by the emergency medical technician-intermediate provider organization and the supervising hospital emergency department. Any changes to the medications list shall be forwarded to the agency within thirty (30) days.

~~(d)~~ **(c)** All medications and advanced life support supplies are to be supplied by order of the medical director. Accountability for:

- (1) distribution;
- (2) storage;
- (3) ownership; and
- (4) security;

of medications is subject to applicable requirements as determined by the medical director, pharmacist, and the United States Department of Justice Drug Enforcement Administration.

~~(e)~~ **(d)** The emergency medical technician-intermediate provider organization shall ensure **the following:**

(1) That stocking and administration of supplies and medications are limited to the Indiana emergency medical technician-intermediate curriculum. Procedures performed by the emergency medical technician-intermediate are also limited to the Indiana emergency medical technician-intermediate curriculum.

~~(f)~~ **(2)** That all ambulances used for the provision of advanced life support contain the emergency care equipment required in [836 IAC 1-3-5](#), the rescue equipment required in [836 IAC 1-3-4](#), and communication equipment required in [836 IAC 1-4-2](#). The advanced life support emergency medical services vehicles shall also carry the following equipment:

~~(4)~~ **(A)** Portable defibrillator with self-contained cardiac monitor and ECG strip writer and equipped with defibrillation pads or paddles appropriate for both adult and pediatric defibrillation. This may be the defibrillator listed in [836 IAC 1-3-5\(1\)\(L\)](#).

~~(2)~~ Tracheal suction catheters (adult #14 and #18, child #10).

~~(3)~~ **(B)** Endotracheal intubation devices, including the following:

~~(A)~~ **(i)** Laryngoscope with extra batteries and bulbs.

~~(B)~~ **(ii)** Laryngoscope blades (adult and pediatric, curved and straight).

~~(C)~~ **(iii)** Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter.

~~(4)~~ **(C)** Crystalloid intravenous fluids and administration supplies approved by the medical director.

~~(5)~~ **(D)** Medications limited to, if approved by the medical director, the following:

~~(A)~~ **(i)** Acetylsalicylic acid (aspirin).

~~(B)~~ **(ii)** Adenosine.

~~(C)~~ **(iii)** Atropine sulfate.

~~(D)~~ **(iv)** Bronchodilator (beta 2 agonists):

~~(i)~~ **(AA)** suggested commonly administered medications:

~~(AA)~~ **(aa)** albuterol;

~~(BB)~~ **(bb)** ipratropium;

~~(CC)~~ **(cc)** isoetharine;

~~(DD)~~ **(dd)** metaproterenol;

~~(EE)~~ **(ee)** salmeterol;

~~(FF)~~ **(ff)** terbutaline; and

~~(GG)~~ **(gg)** triamcinolone; and

~~(ii)~~ **(BB)** commonly administered adjunctive medications to bronchodilator therapy:

~~(AA)~~ **(aa)** dexamethasone; and

~~(BB)~~ **(bb)** methylprednisolone.

~~(E)~~ **(v)** Dextrose, fifty percent (50%).

~~(F)~~ **(vi)** Diazepam.

~~(G)~~ **(vii)** Epinephrine (1:1,000).

~~(H)~~ **(viii)** Epinephrine (1:10,000).

~~(I)~~ **(ix)** Vasopressin.

~~(J)~~ **(x)** Furosemide.

~~(K)~~ **(xi)** Lidocaine hydrochloride, two percent (2%).

~~(L)~~ **(xii)** Amiodarone hydrochloride.

~~(M)~~ **(xiii)** Morphine sulfate.

~~(N)~~ **(xiv)** Naloxone.

~~(O)~~ **(xv)** Nitroglycerin.

~~(6)~~ **(E)** A current copy of advanced life support protocols shall be maintained on board the emergency medical services vehicle at all times.

~~(7)~~ **(F)** A copy of the medication list, including quantities and concentrations approved by the medical director.

~~(g)~~ **(e)** The emergency medical technician-intermediate provider organization shall **do the following:**

(1) Ensure that all nontransport emergency medical services vehicles used for the provision of advanced life support meet all of the requirements in [836 IAC 2-14](#).

~~(h) Each emergency medical technician-intermediate provider organization shall ensure that~~ **(2) Follow the rigid sanitation procedures are in effect at all times. The following sanitation standards apply to all vehicles used for the purpose of providing advanced life support services: listed in [836 IAC 1-1-8](#).**

~~(1) The interior and the equipment within the vehicle shall be clean and maintained in good working order at all times.~~

~~(2) Freshly laundered linen or disposable linens shall be used on litters and pillows, and linen changed after each patient is transported.~~

~~(3) Clean linen storage shall be provided.~~

~~(4) Closed compartments shall be provided within the vehicle for medical supplies.~~

~~(5) Closed containers shall be provided for soiled supplies.~~

~~(6) Blankets shall be kept clean and stored in closed compartments.~~

~~(7) Single-service implements inserted into the patient's nose or mouth shall be wrapped and properly stored and handled. Multiuse items are to be kept clean and sterile when indicated and properly stored.~~

~~(8) When a vehicle has been utilized to transport a patient known to have a communicable disease, the vehicle shall be cleansed and all contact surfaces washed with soap and water and disinfected.~~

~~(i)~~ **(f)** All scheduled medications shall be stored in a locked container within a locked compartment. Medications storage shall be approved in writing by medical director or issuing pharmacy.

~~(j)~~ **(g)** An emergency medical technician-intermediate provider organization shall not do the following:

(1) Operate an ambulance or other emergency medical service vehicle unless it is in full compliance with this article.

(2) Transport any emergency patient or patient receiving advanced life support in any vehicle except an ambulance certified under [IC 16-31](#).

~~(k)~~ **(h)** Emergency medical technician-intermediates are prohibited from having in their possession, or maintained on board emergency response vehicles, any advanced life support equipment or supplies that have not been approved by the emergency medical technician-intermediate provider organization medical director.

(Indiana Emergency Medical Services Commission; [836 IAC 2-7.2-3](#); filed Feb 20, 2003, 8:00 a.m.: 26 IR 2356; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3545)

SECTION 26. [836 IAC 2-7.2-4](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 2-7.2-4](#) Application for provisional certification

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 4-21.5](#); [IC 16-31-3-8](#); [IC 16-31-3-20](#)

Sec. 4. (a) An applicant may apply for and obtain provisional certification as an emergency medical technician-intermediate provider organization for the purpose of prehospital training of emergency medical technician-intermediate students when in the presence of a preceptor approved by the commission in accordance with this section.

(b) A provisional certification may only be issued to a certified ambulance service provider organization.

(c) The applicant shall submit a fully completed application for provisional certification on forms provided by the agency.

(d) The provisional certification may only be issued:

(1) after the applicant has demonstrated to the satisfaction of the director that the ambulance to be used for such training is certified and meets the requirements of this article; **and**

~~(e) The provisional certification may only be issued~~ **(2)** if the ambulance service provider organization has and shall maintain an adequate number of ~~paramedic~~ **emergency medical technician-intermediate** students, preceptors, and ambulances to provide continuous twenty-four (24) hour advanced life support service.

~~(f)~~ **(e)** The provisional certification expires ~~no~~ **not** later than the earlier of the following dates:

- (1) Sixty (60) days after the completion date of the ~~paramedic~~ **emergency medical technician-intermediate** course completion as identified on the approved course application.
- (2) Twenty-four (24) months from the starting date of the course contained on the approved course application.

~~(g)~~ **(f)** The issuance of a ~~an~~ **an** emergency medical technician-intermediate provider organization certification invalidates any provisional certification.

(Indiana Emergency Medical Services Commission; [836 IAC 2-7.2-4](#); filed Jun 11, 2004, 1:30 p.m.: 27 IR 3547)

SECTION 27. [836 IAC 2-14-2](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 2-14-2](#) Application for certification

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3-2](#); [IC 16-31-3-8](#)

Sec. 2. (a) Application for advanced life support nontransport vehicle certification shall be made by the provider organization on such forms as provided by the agency and shall comply with the following requirements:

- (1) An applicant shall complete and submit the required forms to the agency with the following information:

- (A) Name and address of provider organization.

- (B) Vehicle information including:

- (i) make;

- (ii) model;

- (iii) year; and

- (iv) vehicle identification number.

- ~~(C) Color scheme of vehicle.~~

- (2) Each advanced life support nontransport vehicle for which certification is requested shall be made available for inspection by the agency with its equipment as required by this article or [836 IAC 1](#) prior to approval for certification.

(b) Upon approval, a certificate shall be issued to the advanced life support nontransport vehicle provider organization for each advanced life support nontransport vehicle.

(c) The certificate: ~~shall be valid for~~

(1) expires on the expiration date established when it is issued, which must be at least two (2) years
~~The certificate after the date of its issuance; and~~

(2) shall be prominently displayed within the advanced life support nontransport vehicle driver compartment.

~~(e)~~ **(d)** Except as provided in subsection ~~(d)~~, **(e)**, a provider organization shall not operate an advanced life support nontransport vehicle on any public way in Indiana if the advanced life support nontransport vehicle:

- (1) is not in full compliance with the advanced life support nontransport vehicle certification requirements established in this article; and

- (2) does not have a certificate issued under [IC 16-31](#).

~~(d)~~ **(e)** A provider organization may operate, for a period not to exceed sixty (60) consecutive days, a noncertified advanced life support nontransport vehicle if the noncertified advanced life support nontransport vehicle is used to replace a certified advanced life support nontransport vehicle that has been taken out of service providing the following:

- (1) The replacement advanced life support nontransport vehicle shall meet all certification requirements.

- (2) The provider organization shall notify the agency in writing within seventy-two (72) hours of the time the replacement advanced life support nontransport vehicle is placed in service. The written notice shall identify the following:

- (A) The replacement date.

- (B) The certification number of the replaced advanced life support nontransport vehicle.

- (C) The:

- (i) vehicle identification number; ~~of the replacement advanced life support nontransport vehicle. and~~

- ~~(D) The (ii) make and type;~~

of the replacement advanced life support nontransport vehicle.

Upon receipt of the notification, a temporary certificate shall be issued effective the date the certified advanced life support nontransport vehicle was replaced. Temporary certification shall not exceed sixty (60) days from the date that the replacement ambulance is placed in service and, upon return to service of the certified ambulance, the use of the replacement vehicle shall cease.

(Indiana Emergency Medical Services Commission; [836 IAC 2-14-2](#); filed Jun 30, 2000, 4:18 p.m.: 23 IR 2742; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3547)

SECTION 28. [836 IAC 2-14-5](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 2-14-5](#) Advanced life support nontransport vehicle emergency care equipment

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3](#)

Sec. 5. Each advanced life support nontransport vehicle shall wrap, properly store, and handle all the single-service implements to be inserted into the patient's nose or mouth. Multiuse items are to be kept clean and sterile when indicated and properly stored. The vehicle shall carry the following assembled and readily accessible minimum equipment:

(1) Respiratory and resuscitation equipment as follows:

(A) Portable suction apparatus, capable of a minimum vacuum of three hundred (300) millimeters mercury, equipped with **two (2) each** wide-bore tubing, both rigid and soft pharyngeal suction tips and tracheal suction catheters in sizes child #10, **and** adult. ~~#14 and #18.~~

(B) Endotracheal intubation devices, including the following:

(i) Laryngoscope with extra batteries and bulbs.

(ii) Laryngoscope blades (adult and pediatric, curved and straight).

(iii) Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter.

(C) Bag-mask ventilation units, hand operated, one (1) unit in each of the following sizes, each equipped with clear face masks and oxygen reservoirs with oxygen tubing:

(i) Adult.

(ii) Child.

(iii) Infant.

(iv) Neonatal (mask only).

(D) Oropharyngeal airways, two (2) each of adult, child, and infant.

(E) One (1) pocket mask with one-way valve.

(F) Portable oxygen equipment of at least three hundred (300) liters capacity (D size cylinder) with:

(i) yoke;

(ii) medical regulator;

(iii) pressure gauge; and

(iv) nondependent flowmeter.

(G) Oxygen delivery devices shall include the following:

(i) High concentration devices, two (2) each, adult, child, and infant.

(ii) Low concentration devices, two (2) each, adult.

(H) Nasopharyngeal airways, two (2) each of the following with water soluble lubricant:

(i) Small (20-24 french).

(ii) Medium (26-30 french).

(iii) Large (31 french or greater).

(I) Bulb syringe individually packaged in addition to obstetrics kit.

(J) Nonvisualized airway minimum of two (2) with water soluble lubricant.

(K) Portable defibrillator with self-contained cardiac monitor and ECG strip writer and equipped with defibrillation pads or paddles appropriate for adult and pediatric defibrillation.

(2) Wound care supplies as follows:

(A) Airtight dressings, four (4), for open chest wounds.

(B) Assorted bandaging supplies for the care of soft tissue injuries.

(3) Patient stabilization equipment as follows:

(A) Upper and lower extremity splinting devices, two (2) each.

(B) Rigid extrication collar, two (2) each capable of the following sizes:

(i) Pediatric.

- (ii) Small.
- (iii) Medium.
- (iv) Large.
- (4) Personal protection/universal precautions equipment, minimum of one (1) each, including the following:
 - (A) Gowns.
 - (B) Face masks and shields.
 - (C) Gloves.
 - (D) Biohazard bags.
 - (E) Antimicrobial hand cleaner.
- (5) Miscellaneous items as follows:
 - (A) Obstetrical kit, sterile, one (1).
 - (B) Blood pressure manometer, one (1) each in the following cuff sizes:
 - (i) Large adult.
 - (ii) Adult.
 - (iii) Pediatric.
 - (C) Stethoscopes, one (1) each in the following sizes:
 - (i) Adult.
 - (ii) Pediatric.
 - (D) Sharps collector, one (1) being a minimum of seven (7) inches in height.
 - (E) Intravenous fluids and administration supplies approved by the medical director.
- (6) A current copy of advanced life support protocols shall be maintained on board the advanced life support nontransport vehicle at all times.
- (7) A copy of the medication list, including quantities and concentrations approved by the medical director.
- (8) Medications if approved by medical director, and solely for use by individuals with a certification as an emergency medical technician or higher, are as follows:
 - (A) Baby aspirin, eighty-one (81) milligrams each.
 - (B) Activated charcoal.
 - (C) Instant glucose.
 - (D) Epinephrine auto-injector or auto-injectors.
- (9) Intermediate services shall also carry medications as approved by the medical director not to exceed the items listed in [836 IAC 2-7.2-3\(f\)\(5\)](#). **[836 IAC 2-7.2-3\(d\)\(2\)\(D\)](#).**

(Indiana Emergency Medical Services Commission; [836 IAC 2-14-5](#); filed Jun 30, 2000, 4:18 p.m.: 23 IR 2744; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2357; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3549)

SECTION 29. [836 IAC 3-2-2](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 3-2-2](#) Certification; application

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#); [IC 16-31-3-20](#)

Affected: [IC 16-31](#)

Sec. 2. (a) Application for certification as an advanced life support rotorcraft ambulance service provider organization will be made on forms provided by the agency and include, but not be limited to, the following:

- (1) A narrative summary of plans for providing rotorcraft ambulance services, including the following:
 - (A) The staffing pattern of air-medical personnel and pilots.
 - (B) Defined area of primary and secondary response and an areawide coordination plan.
 - (C) Base of operations, a description of the visual flight rules weather minimums for both cross-county and local flight, and the definition of the "local flying area" quoted from the approved F.A.A. Part 135 operations specifications.
 - (D) Aircraft types and identification numbers.
 - (E) A listing of all personnel and their qualifications by category who will regularly serve as pilots and air-medical personnel on the aircraft.
 - (F) A copy of the patient care transport record to be utilized on each transport.
- (2) Plans and methodologies to ensure that the trained personnel are provided with continuing education relative to their level of training. Continuing education on air transportation problems and flight physiology shall be provided on an annual basis. Continuing education will be approved by the advanced life support rotorcraft ambulance service provider organization air-medical director with the cooperation of the supervising hospital.
- (3) A listing of all onboard life support and medical communications equipment available, including a list of drugs and medications to be carried on each aircraft.

- (4) When appropriate, a copy of the contract between the advanced life support rotorcraft ambulance service provider organization and the supervising hospital or hospitals.
- (5) A copy of all treatment protocols and standing orders (if applicable) under which all nonphysician personnel operate.
- (6) Each rotorcraft ambulance service provider organization shall show proof of insurance coverage as required by [836 IAC 1-3-6](#).
- (7) The insurance coverage specified in subdivision (6) shall be for each and every aircraft owned or operated, or both, by or for the rotorcraft ambulance service provider organization.

(b) Upon approval, an advanced life support rotorcraft ambulance service provider organization will be issued certification for the provision of advanced life support services as required in [836 IAC 2](#) and this article.

(c) The certificate issued under this article: ~~is valid for a period of~~

(1) expires on the expiration date established when it is issued, which must be at least two (2) years from after the date of issue its issuance; and

(2) shall be prominently displayed at the place of business.

(d) Application for certification renewal shall:

(1) be made at least sixty (60) days before the expiration date of the current certificate; Application for renewal shall

(2) be made on such forms provided by the agency; and shall

(3) show evidence of compliance with this article as set forth for original certification.

(Indiana Emergency Medical Services Commission; [836 IAC 3-2-2](#); filed Oct 11, 1988, 11:05 a.m.: 12 IR 368; filed May 15, 1998, 10:25 a.m.: 21 IR 3919; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2492; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3552)

SECTION 30. [836 IAC 3-3-2](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 3-3-2](#) Certification; application

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#); [IC 16-31-3-20](#)

Affected: [IC 16-31](#)

Sec. 2. (a) Application for certification as an advanced life support fixed-wing air ambulance service provider organization will be made on forms provided by the agency and include, but not be limited to, the following:

- (1) A narrative summary of plans for providing fixed-wing air ambulance services, including the following:
 - (A) The staffing pattern of air-medical personnel and pilots.
 - (B) Base of operations.
 - (C) Aircraft types and identification numbers.
 - (D) A listing of all personnel and their qualifications by category who will regularly serve as pilots and air-medical personnel on the aircraft.
 - (E) A description of the weather minimums for both cross-country and local flights.
 - (F) A copy of the patient care transport record to be utilized on each transport.
- (2) Plans and methodologies to ensure that the trained personnel are provided with continuing education relative to their level of training. Continuing education on air transportation problems and flight physiology shall be provided on an annual basis. Continuing education will be approved by the advanced life support fixed-wing air ambulance service provider organization air-medical director with the cooperation of the supervising hospital.
- (3) A listing of all onboard life support and medical communications equipment available, including a list of drugs and medications to be carried on each aircraft.
- (4) When appropriate, a copy of the contract between the advanced life support fixed-wing air ambulance service provider organization and the supervising hospital or hospitals.
- (5) A copy of all treatment protocols and standing orders (if applicable) under which all nonphysician personnel will operate.
- (6) Each fixed-wing ambulance service provider organization shall show proof of insurance coverage as required by [836 IAC 1-3-6](#).
- (7) The insurance coverage specified in subdivision (6) shall be for each and every aircraft owned or operated,

or both, by or for the fixed-wing air ambulance service provider organization.

(b) Upon approval, an advanced life support fixed-wing air ambulance service provider organization will be issued certification for the provision of advanced life support services as required in [836 IAC 2](#) and this article.

(c) The certificate issued under this article: ~~is valid for a period of~~

(1) expires on the expiration date established when it is issued, which must be at least two (2) years from after the date of issue its issuance; and

(2) shall be prominently displayed at the place of business.

(d) Application for certification renewal shall:

(1) be made not less than sixty (60) days prior to the expiration date of the current certificate; ~~Application for renewal shall~~

(2) be made on such forms provided by the agency; and shall

(3) show evidence of compliance with this article as set forth for original certification.

(Indiana Emergency Medical Services Commission; [836 IAC 3-3-2](#); filed Oct 11, 1988, 11:05 a.m.: 12 IR 375; filed May 15, 1998, 10:25 a.m.: 21 IR 3925; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2499; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3558)

SECTION 31. [836 IAC 4-2-1](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 4-2-1](#) General requirements for training institutions; staff

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 4-21.5](#); [IC 16-21](#); [IC 16-31-3-2](#); [IC 20-12-62-3](#); [IC 20-12-71-8](#); [IC 20-18-2-7](#)

Sec. 1. (a) All institutions administering or seeking to administer emergency medical services training programs shall:

(1) be certified by the commission prior to providing such training; and shall

(2) comply with this section.

Any multiple campus institution administering or seeking to administer such programs shall have its training institution certified by the commission on a campus-by-campus basis.

(b) Each Indiana emergency medical services training institution of emergency medical technician programs shall be:

(1) a postsecondary institution as defined in [IC 20-12-71-8](#);

(2) a private technical, vocational, or trade school as defined in [IC 20-12-62-3](#);

(3) a high school as defined in ~~[IC 20-10-1-1-16](#)~~; [IC 20-18-2-7](#);

(4) a provider organization as defined in [IC 16-31](#); or

(5) an appropriately accredited hospital licensed under [IC 16-21](#);

that has adequate resources and dedication to educational endeavors. Educational institutions shall be appropriately accredited by a regional accrediting association for higher education or have state licensure that assures comparable educational standards.

(c) Such an institution shall submit an application to the agency at least ninety (90) days prior to the date for which certification is requested in a manner prescribed by the agency. The application shall include the following:

(1) **The** name and address of **the** training institution.

(2) **The** name of **the** institution official.

(3) Agreement or agreements of affiliation with clinical and internship facilities.

(4) Type of emergency medical service courses conducted.

(5) Medical director approval form listing affiliated instructor **or instructors**.

(6) In-course standards and criteria by which the instructor is to determine successful completion of the didactic and clinical portions of the course to include the following:

(A) Attendance requirements and absentee policies.

(B) Testing procedures.

(C) Number and scope of in-course tests.

(D) Didactic pass/fail grade average and criteria.

- (E) Provision for makeup test and classes.
- (F) Minimal age for enrollment.
- (G) Policies for provider organization reasonable accommodations under the Americans with Disabilities Act.
- (H) Description of the screening and evaluation process for acceptance into any certified training program.
- (7) Other information as required by the agency.

(d) Certification as an emergency medical services training institution is valid for a period of two (2) years from the date of certification.

(e) Certified emergency medical services training institutions shall be certified according to the institution's intent and ability to teach various levels of emergency medical services curricula as follows:

- (1) A basic life support training institution is defined as an institution that presents one (1) or more of the following training courses:
 - (A) Basic emergency medical technician.
 - (B) Emergency medical technician-basic advanced.
 - (C) Emergency medical first responder training courses.
- (2) An advanced life support training institution is defined as an institution that presents one (1) or more of the following training courses and may include one (1) or more of the basic life support training courses listed under subdivision (1):
 - (A) Emergency medical technician-intermediate.
 - (B) Paramedic.

(f) A certified training institution shall submit an application for recertification to the agency at least sixty (60) days prior to the date of certification expiration. The application for recertification shall indicate compliance with the requirements currently in effect at the time of the application for renewal.

(g) Certified advanced life support training institutions conducting paramedic training programs on or after July 1, 2008, shall show written proof of national accreditation of the program from a commission-approved accrediting organization.

(Indiana Emergency Medical Services Commission; 836 IAC 4-2-1; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2747; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2364; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3564)

SECTION 32. [836 IAC 4-2-2](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 4-2-2](#) Institutional responsibilities

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3](#)

Sec. 2. A certified training institution seeking commission approval for administering emergency medical services training courses shall meet the following minimum requirements:

- (1) Designate one (1) person as a training institution official responsible for:
 - (A) administering all of the activities of the emergency medical services training institution; and ~~for~~
 - (B) communicating with the agency.
- (2) Submit to an inspection of training facilities and equipment.
- (3) Provide a list of educational staff to meet staffing-student ratio requirements established in approved curricula.
- (4) Have the necessary clinical facilities, or affiliations with clinical facilities, to conduct the required clinical phases of emergency medical service training programs.
- (5) Under conditions where didactic and clinical training are to be conducted by separate institutions, program responsibility will rest with the institution that is certified by the commission. In cases where two (2) or more certified training institutions are cooperating in the presentation of an emergency medical services training program, both institutions will be held jointly responsible for the training programs.
- ~~(6) Provide evidence that the training institution has liability insurance on the students.~~
- ~~(7) (6)~~ Provide classroom space to effectively present the various requirements in the curricula.
- ~~(8) (7)~~ The curriculum requirements for all certified training programs shall be approved by the commission.

Course applications will be made in a manner prescribed by the agency. The agency or commission may disapprove a course application when it has been determined that the training institution or primary instructor has been found in noncompliance with rules and regulations.

~~(9)~~ **(8)** Have the training equipment and training aids (including the emergency care equipment) required by the curriculum of the courses that the training institution offers. The training institution shall have an adequate amount of the training equipment to be utilized by students to meet any equipment-to-student ratios prescribed by the curriculum being presented.

~~(10)~~ **(9)** Make available a minimum of twelve (12) hours, over a two (2) year period, of continuing education in educational principles and techniques for each of its affiliated primary instructors. A training institution may offer this continuing education or advise its faculty members of such continuing education at other sites. The training institution official may accept educational programs conducted at other facilities.

~~(11)~~ **(10)** Evaluate each course and retain a record of the evaluation. ~~in its files.~~

(11) Evaluate each affiliated instructor at least one (1) time a calendar year and retain a record of the evaluation.

(12) Provide educational personnel for each approved training course, consisting of the following:

(A) A medical director.

(B) A program director for the following levels:

(i) For an emergency medical technician-basic advanced course, the program director shall be:

(AA) a physician;

(BB) a registered nurse;

(CC) an emergency medical technician-basic advanced;

(DD) an emergency medical technician-intermediate; or

(EE) a paramedic.

(ii) For an emergency medical technician-intermediate course, the program director shall be:

(AA) an emergency medical technician-intermediate;

(BB) a paramedic;

(CC) a physician; or

(DD) a registered nurse.

(iii) For a paramedic course, the program director shall be:

(AA) a paramedic;

(BB) a physician; or

(CC) a registered nurse.

(C) A primary instructor.

(D) Instructional staff.

(13) Be responsible for in-course standards and criteria by which it determines a student's successful completion of the didactic and clinical portions of the course. The criteria include, but are not limited to, the following:

(A) Attendance requirements and absentee policies.

(B) In-course testing procedures.

(C) Number and scope of in-course tests.

(D) Didactic pass/fail grade average and criteria.

(E) Provision for makeup classes and tests.

(F) Minimum age for enrollment.

(G) Policies for providing reasonable accommodation under the Americans with Disabilities Act.

(14) Be responsible for the screening and evaluation criteria for admission into any certified training program.

(15) Assure a certified primary instructor, affiliated with the training institution, is present in each **emergency medical technician** class session **unless a specialty topic instructor in:**

(A) hazardous materials;

(B) terrorism;

(C) emergency vehicle operation; or

(D) extrication;

is presenting the specific session in their specialty.

(16) Have a retention schedule of seven (7) years for all training and course records.

(Indiana Emergency Medical Services Commission; 836 IAC 4-2-2; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2748; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2365; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3565)

SECTION 33. [836 IAC 4-2-3](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 4-2-3](#) Educational staff qualifications and responsibilities

Sec. 3. (a) Minimum personnel qualifications for the training institution's education staff shall be as follows:

- (1) A medical director.
- (2) A program director who shall:
 - (A) have appropriate education and experience necessary to teach in the assigned areas at the discretion of the medical director;
 - (B) be thoroughly and appropriately knowledgeable about all subject matter;
 - (C) be able to demonstrate all skills assigned to teach or evaluate;
 - (D) be a certified primary instructor; and
 - (E) hold a clinical certification or license at least equal to that of the curriculum of the course in which the individual acts as the program director.
- (3) The primary instructor shall be certified by the commission.
- (4) Instructional staff members will be selected from various specialties and have appropriate education and experience necessary to teach in the assigned areas at the discretion of the training institution official. The individual must be:
 - (A) thoroughly and appropriately knowledgeable about all subject matter; and
 - (B) able to demonstrate all skills that the individual is assigned to teach or evaluate.Instructional staff members involved in the skills testing of students shall be persons who hold a clinical certification or license at least equal to that of the curriculum of the course in which the individual acts as instructional staff.

(b) Education staff responsibilities are as follows:

- (1) The medical director is responsible for the following:
 - (A) Providing competent medical direction in the conduct of the training program by providing necessary liaison with physicians to obtain adequate instructor services.
 - (B) Assuring accurate and thorough presentation of the medical content of the course curriculum.
 - (C) Attesting on forms provided by the agency to the competency of the course graduates to perform the medical skills required by the certification for which the student has been trained.
- (2) The program director for any advanced life support course is responsible for the following:
 - (A) Developing teaching plans.
 - (B) Assuring that the course of instruction meets established standards of the commission and training institution.
 - (C) Providing liaisons with physicians and other specialists to obtain adequate instructor services for the course.
 - (D) Monitoring and evaluating classroom activities, including clinical and practice sessions.
 - (E) Assuring that the required equipment and materials necessary for teaching the course being offered are available at each class session.
 - (F) Coordinating and evaluating all:
 - (i) didactic;
 - (ii) clinical;
 - (iii) practical; and
 - (iv) field/internship;activities associated with the course.
 - (G) Acting as the liaison between the students and the program staff.
 - (H) Maintaining student class records concerning:
 - (i) attendance;
 - (ii) performance; and
 - (iii) grades.
 - (I) Fulfilling other course requirements as designated by the medical director and the training institution official.
- (3) Instructional staff **and primary instructors** are responsible to teach and to test students during selected lessons or class sessions as assigned by the program director or medical director. The instructional staff is evaluated and held accountable ~~in the manner seen fit~~ **prescribed** by the medical director and the training institution official.

(Indiana Emergency Medical Services Commission; [836 IAC 4-2-3](#); filed Jun 30, 2000, 4:18 p.m.: 23 IR 2749; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3566)

SECTION 34. [836 IAC 4-3-2](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 4-3-2](#) Certification standards

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-2-8](#); [IC 16-31-3](#)

Sec. 2. (a) Applicants for original certification as a first responder shall meet the following requirements:

- (1) Be a minimum of ~~eighteen (18)~~ **fourteen (14)** years of age.
- (2) Have successfully completed **the following:**
 - (A) A commission-approved first responder course.
 - ~~(3) Have successfully completed~~ (B) State written and practical skills examinations as approved by the commission.

(b) Certification as a first responder shall be valid for a period of two (2) years.

(c) To renew a certification, a first responder shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirement to take and report twenty (20) hours of continuing education according to the following:

- (1) Participate in a minimum of sixteen (16) hours of any combination of lectures, critiques, skills proficiency examination, or audit and review that reviews subject matter presented in the Indiana first responder curriculum.
- (2) Participate in a minimum of four (4) hours in defibrillation and airway management as presented in the Indiana first responder curriculum.

(d) An individual who fails to comply with the continuing education requirements described in this article:

- (1)** forfeits all rights and privileges of a certified first responder; and
- (2)** shall cease from providing the services authorized by a first responder certification as of the date of expiration of the current certificate.

(e) An individual wanting to reacquire a certification shall:

- (1) complete a first responder recertification training course as approved by the commission; and
- (2) successfully complete the state written and practical skills examinations as set forth and approved by the commission.

If the individual fails either certification examination, the person must retake an Indiana first responder training course.

(f) First responders shall: ~~comply with the following:~~

- (1) ~~A first responder shall~~ not perform procedures for which the first responder has not been specifically trained:
 - (A) in the Indiana first responder curriculum; and
 - (B) that have not been approved by the commission as being within the scope and responsibility of the first responder;
- (2) ~~A first responder shall~~ not act negligently, recklessly, or in such a manner that endangers the health or safety of emergency patients or the members of the general public;
- (3) ~~A first responder shall~~ comply with the state and federal laws governing the confidentiality of patient medical information;
- (4) ~~A first responder shall~~ not delegate to a less qualified individual any skill that requires ~~an~~ a first responder; **and**
- (5) ~~A first responder shall~~ comply with the protocols established by the:
 - (A) commission; ~~the~~
 - (B) provider organization; and ~~the~~
 - (C) provider organization's medical director.

(Indiana Emergency Medical Services Commission; [836 IAC 4-3-2](#); filed Jun 30, 2000, 4:18 p.m.: 23 IR 2751; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2366; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3567)

SECTION 35. [836 IAC 4-3-3](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 4-3-3](#) Certification based upon reciprocity

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3-8](#); [IC 16-31-3-10](#)

Sec. 3. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of ~~eighteen (18)~~ **fourteen (14)** years of age and meet one (1) of the following requirements:

(1) Be a person who:

(A) possesses a valid certificate or license as ~~an a~~ first responder from another state; and

~~(B) successfully completes the written and practical skills certification examinations as prescribed by the commission.~~

(2) Be a person who:

(A) ~~(B)~~ while serving in the military of the United States, successfully completed a course of training and study equivalent to the material contained in the Indiana first responder training course; and

~~(B) successfully completes the written and practical skills certification examinations prescribed by the commission.~~

(3) Be a person who:

(A) ~~(C)~~ holds a valid unlimited license to practice medicine in Indiana; and or

~~(B) successfully completes the written and practical skills certification examinations prescribed by the commission.~~

(4) Be a person who:

(A) ~~(D)~~ successfully completed a course of training and study equivalent to the material contained in the Indiana first responder training course; and

~~(B) and~~ successfully completes the written and practical skills certification examinations prescribed by the commission.

~~(5)~~ **(2)** Be a person who:

(A) holds a current first responder registration issued by the National Registry; and

(B) has completed a course equivalent to Indiana approved curriculum.

(b) Any nonresident of Indiana who possesses a certificate or license as a first responder that is valid in another state, upon affiliation with an Indiana certified provider organization, may apply to the agency for temporary certification as a first responder. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for:

(1) the duration of the applicant's current certificate or license; or ~~for~~

(2) a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency; whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in subsection (a).

(Indiana Emergency Medical Services Commission; [836 IAC 4-3-3](#); filed Jun 30, 2000, 4:18 p.m.: 23 IR 2751; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3568)

SECTION 36. [836 IAC 4-5-1](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 4-5-1](#) Student qualifications to enter training

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3-14](#)

Sec. 1. An applicant for Indiana primary instructor training shall meet the following requirements:

(1) Have been certified, ~~by the commission~~ **registered, or licensed** as an Indiana emergency medical technician for a period of not less than one (1) year.

(2) Have at least one (1) year of experience in the delivery of emergency medical care in the prehospital setting.

(3) Submit a letter of intent to an affiliate from at least one (1) Indiana certified training institution.

~~(4) Successfully pass the Indiana basic emergency medical services written and practical skills examinations within one (1) year prior to the start of the course as prescribed by the commission.~~

(Indiana Emergency Medical Services Commission; [836 IAC 4-5-1](#); filed Jun 30, 2000, 4:18 p.m.: 23 IR 2754; readopted filed Nov 30, 2006, 9:17 a.m.: [20061213-IR-836060486RFA](#))

SECTION 37. [836 IAC 4-5-2](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 4-5-2](#) Certification and recertification; general

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3-14](#)

Sec. 2. (a) Application for certification will be made on forms and according to procedures prescribed by the agency. In order to be certified as an emergency medical services primary instructor, the applicant shall meet one (1) of the following requirements:

(1) Successfully complete a commission-approved Indiana emergency medical services primary instructor training course and complete all of the following:

(A) Successfully complete the primary instructor ~~internship~~. **written examination.**

(B) Successfully complete the primary instructor ~~written examination~~. **training program.**

(C) Be currently certified as an Indiana emergency medical technician.

(D) Successfully pass the Indiana basic emergency medical services written and practical skills examinations within one (1) year prior to applying for certification as a primary instructor.

(2) Successfully complete a training course equivalent to the material contained in the Indiana emergency medical service primary instructor course and complete all of the following:

~~(A) Meet the requirements under section 1 of this rule.~~

~~(B)~~ **(A) Successfully complete the primary instructor ~~internship~~. written examination.**

~~(C)~~ **(B) Successfully complete the primary instructor ~~written examination~~. training program.**

~~(D)~~ **(C) Be currently certified as an Indiana emergency medical technician.**

(D) Successfully pass the Indiana basic emergency medical services written and practical skills examinations within one (1) year prior to applying for certification as a primary instructor.

(b) Certification as an emergency medical services primary instructor is valid for two (2) years.

(c) In order to retain certification as a primary instructor, a person shall meet the following requirements:

(1) Retain affiliation with at least one (1) Indiana certified training institution.

(2) Conduct a minimum of eighty (80) hours of educational sessions based upon the emergency medical service curricula, which in content are either less than or equal to the primary instructor's level of clinical certification.

(3) Complete a minimum of twelve (12) hours of continuing education that specifically addresses the topic of educational philosophy and techniques, offered or approved by the affiliating training institution.

(4) Be evaluated by the training institution in regard to instructional skills and compliance with existing standards of the training institution and the commission at least once per course.

(5) Every two (2) years present, to the agency, evidence of compliance with this subsection during the period of certification as prescribed by the commission.

(6) Maintain the prerequisite certification described in subsection (a)(1)(C).

(d) The minimum requirements for emergency medical services primary instructor training is the current version of the Indiana primary instructor course, based upon the current national standard curriculum as amended and approved by the commission.

(e) A primary instructor shall comply with the following:

(1) All state and federal laws governing the confidentiality of student information.

(2) The material taught by the primary instructor shall not conflict with the curriculum approved by the commission.

(3) Not negligently, recklessly, or willfully endanger the health or safety of emergency patients or students.

(4) All course standards as established by the training institution course policies and procedures.

(f) Individuals who have failed to comply with the continuing education requirements shall not exercise any of the rights and privileges of a primary instructor.

- (g) An individual wanting to reacquire a primary instructor certification shall do the following:
- (1) Meet all prerequisites of an Indiana emergency medical services primary instructor training course.
 - (2) Successfully complete the primary instructor written examination.
 - (3) Successfully complete the primary instructor recertification evaluation.
 - (4) Successfully pass the Indiana basic emergency medical services written and practical skills examinations within one (1) year prior to applying for certification as a primary instructor.

(Indiana Emergency Medical Services Commission; [836 IAC 4-5-2](#); filed Jun 30, 2000, 4:18 p.m.: 23 IR 2754; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2367; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3570)

SECTION 38. [836 IAC 4-7-4](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 4-7-4](#) Emergency medical technician-basic advanced certification based upon reciprocity

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3-2](#); [IC 16-31-3-20](#)

Sec. 4. (a) To obtain emergency medical technician-basic advanced certification based upon reciprocity, an individual shall meet the following requirements:

- (1) Be affiliated with an Indiana certified emergency medical technician-basic advanced provider organization or supervising hospital.
- (2) Possess a valid certificate or license as an emergency medical technician-basic advanced from another state or successfully complete a course of training and study equivalent to the material contained in the Indiana emergency medical technician-basic advanced training course.
- (3) Successfully pass the Indiana emergency medical technician-basic advanced written and practical skills examinations as set forth and approved by the commission.

(b) Application for certification shall be postmarked or delivered to the ~~commission~~ **agency** office within six (6) months of **after** the request for reciprocity.

(c) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician-basic advanced, or intermediate that is valid in another state, or a valid registration with National Registry, upon affiliation with an Indiana certified emergency medical technician-basic advanced provider organization may apply to the agency for temporary certification as an emergency medical technician-basic advanced. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification that shall be valid for:

- (1) the duration of the applicant's current certificate or license; or ~~for~~
- (2) a period not to exceed six (6) months from the date that the reciprocity request is approved by the director; whichever period of time is shorter. A person receiving temporary certification may apply for full certification using section 1 of this rule.

(Indiana Emergency Medical Services Commission; [836 IAC 4-7-4](#); filed Jun 30, 2000, 4:18 p.m.: 23 IR 2756; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3573)

SECTION 39. [836 IAC 4-7.1-1](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 4-7.1-1](#) Student qualifications to enter training

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3-2](#)

Sec. 1. (a) An applicant for Indiana emergency medical technician-intermediate training shall meet the following requirements:

- (1) Hold a valid certificate as an emergency medical technician.
- (2) Be at a minimum of eighteen (18) years of age.
- (3) Have a high school diploma or general education diploma.

(b) Individuals who have successfully completed an Indiana basic emergency medical technician course or are accepted for basic reciprocity and have taken the Indiana basic written and practical certification examinations may hold a provisional spot in the emergency medical technician-intermediate course.

(Indiana Emergency Medical Services Commission; [836 IAC 4-7.1-1](#); filed Feb 20, 2003, 8:00 a.m.: 26 IR 2369; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3573)

SECTION 40. [836 IAC 4-7.1-2.5](#) IS ADDED TO READ AS FOLLOWS:

[836 IAC 4-7.1-2.5](#) Inactive status for an Indiana certified emergency medical technician-intermediate

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3-2](#)

Sec. 2.5. (a) An emergency medical technician-intermediate requesting inactive emergency medical technician-intermediate status shall be:

- (1) currently certified in Indiana as an emergency medical technician-intermediate; and
- (2) an individual who has previously recertified as an emergency medical technician-intermediate in Indiana at least one (1) time.

The individual's certification must be in good standing with the commission at the time inactive status is applied for and granted. Applicants for inactive status do not have to be affiliated with an emergency medical technician-intermediate provider organization at the time the inactive status is applied for or granted. Applicants requesting inactive status shall submit a request in writing to the commission.

(b) If an emergency medical technician-intermediate wants to keep an active emergency medical technician certification, the emergency medical technician-intermediate shall meet the requirements set forth in [836 IAC 4-4](#).

(c) An emergency medical technician-intermediate on inactive status shall collect and report continuing education requirements listed in section 5(b)(1) through 5(b)(3) of this rule, during the inactive period, and the continuing education hours shall be reported to the commission prior to the expiration date of the certificate.

(d) An emergency medical technician-intermediate with an inactive status wishing to return to active status must meet the following requirements:

- (1) Comply with subsection (b) during inactive status.
- (2) Submit a fully completed application for advanced life support.

(e) Upon completion of the requirements listed in subsection (d), the emergency medical technician certification shall become active.

(Indiana Emergency Medical Services Commission; [836 IAC 4-7.1-2.5](#))

SECTION 41. [836 IAC 4-7.1-3](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 4-7.1-3](#) General certification

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 4-21.5](#); [IC 16-31-3-14](#)

Sec. 3. (a) An applicant for certification as an emergency medical technician-intermediate shall meet the following requirements:

- (1) Be a certified emergency medical technician.
- (2) Be affiliated with a certified emergency medical technician-intermediate provider organization or a

supervising hospital.

(3) Successfully complete the Indiana emergency medical technician-intermediate training course as approved by the commission and administered by an Indiana certified training institution.

(4) Pass the emergency medical technician-intermediate written and practical skills examinations as approved by the commission.

(b) The applicant shall **do the following**:

(1) Apply for certification on forms provided by the agency postmarked within one (1) year of the date of successful completion of the required certification examinations.

~~(e)~~ ~~The applicant shall~~ **(2)** Submit verification of all affiliated provider organizations and supervising hospitals.

~~(d)~~ **(c)** Certification exemptions identified under [836 IAC 1-1-4](#) apply to the certification of emergency medical technician-intermediates.

~~(e)~~ **(d)** Emergency medical technician-intermediates are prohibited from having in their possession, or maintained on board emergency response vehicles, any advanced life support equipment or supplies that have not been approved **in writing** by the emergency medical technician-intermediate provider organization medical director.

~~(f)~~ **(e)** Emergency medical technician-intermediates shall:

(1) not perform a procedure for which the emergency medical technician-intermediate has not been specifically trained:

(A) in the Indiana emergency medical technician basic and the Indiana emergency medical technician-intermediate curriculums; or

(B) that have not been approved by the commission as being within the scope and responsibility of the emergency medical technician-intermediate;

(2) not act negligently, recklessly, or in such a manner that endangers the health or safety of emergency patients or the members of the general public;

(3) comply with the state and federal laws governing the confidentiality of patient medical information;

(4) not delegate to a less qualified individual any skill that requires an emergency medical technician-intermediate; and

(5) comply with the protocols established by the:

(A) commission; ~~the~~

(B) provider organization; and ~~the~~

(C) provider organization's medical director.

(Indiana Emergency Medical Services Commission; [836 IAC 4-7.1-3](#); filed Feb 20, 2003, 8:00 a.m.: 26 IR 2370; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3574)

SECTION 42. [836 IAC 4-7.1-5](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 4-7.1-5](#) Continuing education requirements

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3-8](#); [IC 16-31-3-20](#)

Sec. 5. (a) To renew a certification, a certified emergency medical technician-intermediate shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirements in subsection (b).

(b) An applicant shall report a minimum of seventy-two (72) hours of continuing education consisting of the following:

(1) Section 1a, **completion of an emergency medical technician-intermediate refresher course based on federal DOT-approved curriculum consisting of a minimum of thirty-six (36) hours, of which refresher course may be completed through a supervising hospital-approved continuing education adhering to and including the content of the Indiana emergency medical technician-intermediate course consisting of the following:**

(A) Twelve (12) hours in airway, breathing, and cardiology.

- (B) Six (6) hours in medical emergencies.
- (C) Five (5) hours in trauma.
- (D) Twelve (12) hours in obstetrics and pediatrics.
- (E) One (1) hour in operations.

(2) Section Ib, attach a current copy of advanced cardiac life support certification. **The certification expiration date shall be concurrent with the emergency medical technician-intermediate certification expiration date.**

(3) Section Ic, attach a current copy of cardiopulmonary resuscitation **for the professional rescuer** certification. **The certification expiration date shall be concurrent with the emergency medical technician-intermediate certification expiration date.**

(4) Section II, ~~thirty-six (36) hours~~ **participate in a minimum** of continuing education with twelve (12) hours audit and review. ~~No more than eighteen (18) hours may be taken in any one (1) topic.~~

(5) Section III, participate in twenty-four (24) hours of additional emergency medical services-related continuing education. Additional hours may include participation in any update course as required by the commission.

~~(5) (6)~~ **(6)** Section ~~III~~, **IV**, skill maintenance (with no specified hour requirement). All skills shall be directly observed by the emergency medical service medical director or emergency medical service educational staff of the supervising hospital, either at an in-service or in an actual clinical setting. The observed skills include, but are not limited to, the following:

- (A) Patient assessment and management; medical and trauma.
- (B) Ventilatory management skills/knowledge.
- (C) Cardiac arrest management.
- (D) ~~Hemorrhage control~~ **Bandaging** and splinting. ~~procedures.~~
- (E) ~~IV~~ **Medication administration, intravenous** therapy, ~~skills.~~ **intravenous bolus, and intraosseous therapy.**
- (F) Spinal immobilization; seated and lying patients.
- (G) Obstetrics and ~~gynecologic skills/knowledge.~~ **gynecological scenarios.**
- ~~(H) Other related skills/knowledge:~~
- ~~(i) radio~~ **(H) Communications and**
- ~~(ii) report writing and documentation.~~

(Indiana Emergency Medical Services Commission; [836 IAC 4-7.1-5](#); filed Feb 20, 2003, 8:00 a.m.: 26 IR 2371; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3575)

SECTION 43. [836 IAC 4-7.1-6](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 4-7.1-6](#) Emergency medical technician-intermediate certification based upon reciprocity

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3](#)

Sec. 6. (a) To obtain emergency medical technician-intermediate certification based upon reciprocity, an applicant shall be affiliated with a certified emergency medical technician-intermediate provider organization and be a person who, at the time of applying for reciprocity, meets one (1) of the following requirements:

- (1) Possesses a valid certificate or license as an emergency medical technician-intermediate from another state and who successfully passes the emergency medical technician-intermediate practical and written certification examinations as set forth and approved by the commission. Application for certification shall be postmarked or delivered to the ~~commission~~ **agency** office within six (6) months ~~of~~ **after** the request for reciprocity.
- (2) Has successfully completed a course of training and study equivalent to the material contained in the Indiana emergency medical technician-intermediate training course and successfully completes the written and practical skills certification examinations prescribed by the commission.
- (3) Possesses a valid National Registry intermediate certification based on the emergency medical technician-intermediate curriculum approved by the commission.

(b) Notwithstanding subsection (a), any nonresident of Indiana who possesses a certificate or license as an emergency medical technician-intermediate that is valid in another state may apply to the director for temporary certification as an emergency medical technician-intermediate. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification that shall be valid for:

(1) the duration of the applicant's current certificate or license; or ~~for~~

(2) a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency; whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in section 1 of this rule.

(Indiana Emergency Medical Services Commission; [836 IAC 4-7.1-6](#); filed Feb 20, 2003, 8:00 a.m.: 26 IR 2371; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3576)

SECTION 44. [836 IAC 4-9-1](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 4-9-1](#) Student qualifications to enter training

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3-2](#)

Sec. 1. (a) An applicant for Indiana paramedic training shall meet the following requirements:

- (1) Hold a valid certificate as an emergency medical technician.
- (2) Be at a minimum of eighteen (18) years of age.
- (3) Have a high school diploma or general education diploma.

(b) Individuals who have successfully completed an Indiana basic emergency medical technician course or are accepted for basic reciprocity and have taken the Indiana basic written and practical skills certification examinations may hold a provisional spot in a paramedic course.

(Indiana Emergency Medical Services Commission; [836 IAC 4-9-1](#); filed Jun 30, 2000, 4:18 p.m.: 23 IR 2757; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3576)

SECTION 45. [836 IAC 4-9-3](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 4-9-3](#) General certification

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 4-21.5](#); [IC 16-31-3-14](#)

Sec. 3. (a) An applicant for certification as a paramedic shall meet the following requirements:

- (1) Be a certified emergency medical technician.
- (2) Be affiliated with a certified paramedic provider organization or a supervising hospital.
- (3) Successfully complete the Indiana paramedic training course as approved by the commission and administered by an Indiana certified training institution.
- (4) Pass the paramedic written and practical skills examinations as approved by the commission.

(b) The applicant shall **do the following**:

(1) Apply for certification on forms provided by the agency postmarked within one (1) year of the date of successful completion of the required certification examinations.

~~(c) The applicant shall~~ **(2)** Submit verification of all affiliated provider organizations and supervising hospitals.

~~(d)~~ **(c)** Certification exemptions identified under [836 IAC 1-1-4](#) apply to the certification of paramedics.

~~(e)~~ **(d)** Paramedics are prohibited from having in their possession, or maintained on board emergency response vehicles, any advanced life support equipment or supplies that have not been approved **in writing** by the paramedic provider organization medical director.

~~(f)~~ **(e)** Paramedics shall:

(1) not perform a procedure for which the emergency medical technician paramedic has not been specifically trained:

(A) in the Indiana emergency medical technician basic and the Indiana emergency medical technician

- paramedic curriculums; or
- (B) that have not been approved by the commission as being within the scope and responsibility of the emergency medical technician paramedic;
- (2) not act negligently, recklessly, or in such a manner that endangers the health or safety of emergency patients or the members of the general public;
- (3) comply with the state and federal laws governing the confidentiality of patient medical information;
- (4) not delegate to a less qualified individual any skill that requires a paramedic; and
- (5) comply with the protocols established by the:
 - (A) commission; ~~the~~
 - (B) provider organization; and ~~the~~
 - (C) provider organization's medical director.

(Indiana Emergency Medical Services Commission; [836 IAC 4-9-3](#); filed Jun 30, 2000, 4:18 p.m.: 23 IR 2757; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2372; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3577)

SECTION 46. [836 IAC 4-9-4](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 4-9-4](#) Application for certification; renewal

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3](#)

Sec. 4. (a) Application for certification as a paramedic shall be made on forms provided by the ~~commission~~**agency**. An applicant shall:

- (1) complete the required forms; and ~~shall~~
- (2) submit the forms to the agency.

(b) All applicants for original certification shall provide evidence of compliance with the requirements for certification.

(c) Certification as a paramedic shall be valid for two (2) years.

(d) Individuals who have failed to comply with the continuing education requirements shall not exercise any of the rights and privileges nor administer advanced life support services to emergency patients.

(e) An individual wanting to reacquire a certification shall complete a paramedic recertification training course and successful completion of state written and practical skills examinations as set forth and approved by the commission. If the individual fails the certification examinations, the person shall retake an entire paramedic training course.

(Indiana Emergency Medical Services Commission; [836 IAC 4-9-4](#); filed Jun 30, 2000, 4:18 p.m.: 23 IR 2758; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3577)

SECTION 47. [836 IAC 4-9-5](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 4-9-5](#) Continuing education requirements

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3-8](#); [IC 16-31-3-20](#)

Sec. 5. (a) To renew a certification, a certified paramedic shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirements in subsection (b).

(b) An applicant shall report a minimum of seventy-two (72) hours of continuing education consisting of the following:

- (1) Section IA, forty-eight (48) hours of continuing education through a formal paramedic refresher course as

approved by the commission or forty-eight (48) hours of **supervising hospital-approved** continuing education that includes the following:

(A) Division I, prehospital environment.

(A) Sixteen (16) hours in airway, breathing, and cardiology.

(B) Division II, preparatory (minimum of Eight (8) hours in **medical emergencies**).

(C) Division III, trauma (minimum of ten (10) **Six (6) hours in trauma**).

(D) Division IV, medical emergencies (minimum of twenty-two (22) hours).

(E) Division V, obstetrics/neonatal (minimum of four (4) **(D) Sixteen (16) hours in obstetrics and pediatrics**).

(F) Division VI, behavioral emergencies (minimum of four (4) **(E) Two (2) hours in operations**).

(2) Section IB, attach a current copy of cardiopulmonary resuscitation certification **for the professional rescuer. The certification expiration date shall be concurrent with the paramedic certification expiration date.**

(3) Section IC, attach a current copy of advanced cardiac life support certification. **The certification expiration date shall be concurrent with the paramedic certification expiration date.**

(4) Section II, twenty-four (24) additional hours of **emergency medical services related** continuing education; twelve (12) of these hours shall be obtained from audit and review. The participation in a ~~fourteen (14) hour~~ **Indiana continuing education** any course as approved by the commission may be included in this section.

(5) Section III, skill maintenance (with no specified hour requirement). All skills shall be directly observed by the emergency medical service medical director or emergency medical service educational staff of the supervising hospital either at an in-service or in an actual clinical setting. The observed skills include, but are not limited to, the following:

(A) Patient **medical** assessment and management.

(B) Trauma assessment and management.

~~(B)~~ **(C)** Ventilatory management.

~~(C)~~ **(D)** Cardiac arrest management.

~~(D)~~ **(E)** Bandaging and splinting.

~~(E)~~ **(F) Medication administration**, intravenous therapy, **intravenous bolus**, and intraosseous therapy.

~~(F)~~ **(G)** Spinal immobilization.

~~(G)~~ **(H)** Obstetrics and gynecological scenarios.

~~(H)~~ Other related skills.

(I) Communication and documentation.

(Indiana Emergency Medical Services Commission; [836 IAC 4-9-5](#); filed Jun 30, 2000, 4:18 p.m.: 23 IR 2758; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3578)

SECTION 48. [836 IAC 4-9-6](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 4-9-6](#) Paramedic certification based upon reciprocity

Authority: [IC 16-31-2-7](#); [IC 16-31-3-14](#); [IC 16-31-3-14.5](#); [IC 16-31-3-20](#)

Affected: [IC 16-31-3](#)

Sec. 6. (a) To obtain paramedic certification based upon reciprocity, an applicant shall be affiliated with a certified paramedic provider organization and be a person who, at the time of applying for reciprocity, meets one (1) of the following requirements:

(1) Possesses a valid certificate or license as a paramedic from another state and who successfully passes the paramedic practical and written certification examinations as set forth and approved by the commission. Application for certification shall be postmarked or delivered to the ~~commission~~ **agency** office within six (6) months ~~of~~ **after** the request for reciprocity.

(2) Has successfully completed a course of training and study equivalent to the material contained in the Indiana paramedic training course and successfully completes the written and practical skills certification examinations prescribed by the commission.

(3) Possesses a valid National Registry paramedic certification.

(b) Notwithstanding subsection (a), any nonresident of Indiana who possesses a certificate of license as ~~an~~ **a** paramedic that is valid in another state, upon residing at an Indiana address, may apply to the agency for temporary certification as a paramedic. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification that shall be valid for:

(1) the duration of the applicant's current certificate or license; or ~~for~~

(2) a period not to exceed six (6) months from the date that the reciprocity request is approved by the director; whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in section 1 of this rule.

(Indiana Emergency Medical Services Commission; [836 IAC 4-9-6](#); filed Jun 30, 2000, 4:18 p.m.: 23 IR 2759; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3578)

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